

Case Number:	CM13-0021523		
Date Assigned:	11/13/2013	Date of Injury:	07/18/2008
Decision Date:	01/10/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A 39 year-old female with injury from 7/12/08, suffers from chronic low back pain. Review of the reports show diagnoses of Chronic sprain, lumbar spine; disc bulges L4-1 with foraminal stenosis; Chronic sprain, T-spine per [REDACTED] 9/10/13. Current complaints include T,L-spine pains at 5-7/10. Meds included Prilosec, Naproxen, Soma and Vicodin. The 8/8/13 report notes burning aching pain. The 6/24/13 report notes pain and discomfort in the low back with pain in the lower extremities. Toxicology was being requested for drug monitoring. Medications were requested based on medical reasonableness and treatments. 4/8/13 report is a UDS (Urine drug screen). The 3/25/13 report has patient's pain at 10/10 at worst and low back at 7/10. Medications are requested for authorization but no discussion regarding their efficacy or functional response. Toxicology report is again requested. The 1/10/13 report is handwritten, L/S pain 7/10, soreness aching/stiffness pinching pain. Meds discussed and a decrease in Vicodin. Utilization review letter from 8/22/13 is reviewed. This letter states that the patient had a toxicology report from 6/14/13 which was normal. It would appear that the treater has obtained Urine drug screens on 4/8/13, 3/25/13 and 6/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Screen.

Decision rationale: Urine drug screen is recommended as part of drug monitoring when prescribing opiates. MTUS support this but MTUS does not specify how frequently the urine drug screen is to be performed. In this case, there is evidence that the patient has had three urine drug screens on dates 4/8/13, 3/25/13 and 6/14/13. This current request appears to be for a fourth urine screen this year. For frequency of UDS, ODG guidelines are consulted. ODG guidelines recommend 1 screening per year for low risk patients. The reports show that the patient is taking some Vicodin and the treater does not provide any risk assessment for this patient. Review of the reports do not provide any suspicion that this patient may be a high risk patient requiring frequent urine screens. The treater also does not provide any discussion regarding the UDS. He does not state why he is getting them so often, or that he is changing treatment plans based on any of the findings. Given the lack of risk assessment, recommendation is for denial of the requested UDS.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: There is lack of GI risk assessment to determine whether or not this patient requires GI prophylaxis with a PPI. In fact, despite review of some 9 months of reports, there is not a single mention of the rationale for the use of Prilosec. The treater does not mention any cardiac risk, that the patient is on anti-coagulants or high doses of NSAIDs, hx of peptic ulcer, or that the patient is on ASA. The patient does not present with any of the known risks requiring prophylaxis. MTUS does not recommend routine prophylactic use of Prilosec without a proper risk assessment. Recommendation is for a denial.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: MTUS does not support the use of Soma for chronic pain condition. This patient suffers from chronic neck and low back pains. The treater is prescribing Soma to treat the patient's chronic pain. Given the lack of support from MTUS, recommendation is for a denial.

TENS unit supplies, batteries and electrodes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 116.

Decision rationale: Based on the review of the medical records covering 9 months, TENS unit is mentioned once where it states that the patient is requesting replacement pads and batteries (9/10/13). However, none of the reports discuss the patient's TENS unit use and how it is helping or not helping the patient's pain. There are no documentation that TENS unit is improving function. The treater does not document how often and how much the patient is using the TENS unit. MTUS requires short and long-term goals for the use of TENS unit. In this patient, none is described. Recommendation is for denial.

Vicodin 5/500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.
Page(s): 88-89.

Decision rationale: This patient suffers from chronic neck and low back pain. The treater has been prescribing Vicodin on a long-term basis. However, review of 9 months of reports do not provide a single documentation of pain and function assessment from the use of this opiate. The patient's pain and functional levels are described in various places but there is no mention of how Vicodin or other medications are affecting the patient's pain and function. MTUS requires on-going assessment including pain assessment each visit, assessment of function by numerical measures or validated instrument at the least once every six months. None of the reports provide any of this. Before and after pain/function from the use of opiates are not provided. MTUS further recommends under outcome measures, current pain level; average pain; best pain; pain level with medication; time it takes for medication to work, etc. The treater has not provided with any of these assessments in any of his reports. Recommendation is for denial. Without these assessments, one cannot tell whether or not opiates are helping or harming the patient.