

Case Number:	CM13-0022920		
Date Assigned:	11/15/2013	Date of Injury:	11/29/2011
Decision Date:	02/04/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/11/2013

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 Internal Medicine, 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:

The patient is a 38-year-old female who reported an injury on 11/29/2011. The patient is diagnosed with lumbar radiculopathy, sacroiliac dysfunction, coccyx sprain and pain, pain related insomnia, myofascial syndrome, and neuropathic pain. The patient was seen by [REDACTED] on 11/04/2013. The patient reported 6/10 pain with medication. Physical examination was not provided. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient urine drug screen for medication compliance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines stated drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented

evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, the patient's injury was over 2 years ago to date, and there is no indication of noncompliance or misuse of medication. There is also no evidence that this patient falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity has not been established. As such, the request is non-certified.

Two (2) views X-ray of the coccyx: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hip & Pelvis Chapter, Radiographs.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. There was no documentation of a significant change in the patient's symptoms. There is also no evidence of a recent physical examination documenting significant musculoskeletal or neurological deficit that would warrant the need for an imaging study. The medical necessity has not been established. Therefore, the request is non-certified.

Lumbar epidural steroid injection with epidurogram using caudal approach: 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 Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Patients should also prove initially unresponsive to conservative treatment. As per the clinical notes submitted, there is no evidence upon physical examination of radicular findings. There were also no imaging studies or electro diagnostic reports submitted for this review to corroborate a diagnosis of radiculopathy. There is no evidence of a recent failure to respond to conservative treatment including exercises, physical methods, NSAIDS, and muscle relaxants. Based on the clinical information received, the request is non-certified.

Purchase of Nucynta 75mg quantity ninety (90): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Tapentadol (Nucynta®).

Decision rationale: Official Disability Guidelines state Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. As per the clinical notes submitted, there is no evidence of this patient's inability to tolerate first line therapy with opioid medication. The patient continuously utilized this medication from 06/17/2013. Despite the ongoing use, the patient continued to report high levels of pain. Satisfactory response to treatment has not been indicated. As such, the ongoing use of this medication cannot be determined as medically appropriate. Therefore, the request is non-certified.