

Case Number:	CM13-0034660		
Date Assigned:	12/11/2013	Date of Injury:	04/01/1994
Decision Date:	01/24/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Practice and is licensed to practice in Texas. 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 58 year old male who reported an injury on 04/01/1994. The mechanism of injury was a motor vehicle accident. His initial course of treatment included physical therapy and cortisone shots. In 1995 he received a cervical fusion at C4-C6 and an unspecified surgery to the L5-S1. The patient was involved in another work related incident in 1997 that resulted in the breaking of his previous cervical fusion. He then received conservative care in the form of trigger point and epidural steroid injections, but ultimately needed the cervical fusion revised. The patient reported that he continued to receive care for his injury but that he was not pleased with the management of it. His injuries continue to be symptomatic and he is treated by pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend physical therapy to help control pain, inflammation, and improve range of motion. For conditions of myositis or myalgia, 9-10 visits are allowed. For neurological symptoms such as radiculitis or neuritis, 8-10 sessions are recommended. The medical records submitted for review included one therapy note, dated 09/26/2013 and was noted to be the 6th visit. The note reports that the patient is improving, yet offers no objective documentation in support of this. Also, an additional 6 sessions of therapy would exceed guideline recommendations. As such, the request for six physical therapy sessions is non-certified.

Roxicodone 15mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommends the use of opioids to treat neuropathic and chronic back pain. Recommendations for the on-going management of opioid use include measuring pain relief using VAS scales; document any side effects; document any physical and psychosocial changes/improvements; perform frequent drug screens; and address any aberrant behaviors. These assessments of efficacy should include measurement of the least and average amount of pain since previous visit, how long it takes for the opioid to take effect, how long the pain relief lasts, and how frequently the medications are being utilized. There should also be discussion on the quality of life and improved functional capacity. The last VAS scale recorded pain level was obtained on 10/03/2013 and noted to be a 10/10. The one previous to that was obtained on 06/06/2013 and noted to be an 8/10. A clinical note dated 10/29/2013 reported that the patient states the medications decrease his pain levels from 10/10 to 5/10, but no pain level was provided for that visit. There is also mention in this note that the patient stated his medications increase functional abilities and improve sleep. The other available clinical notes continuously state that the patient describes his pain as "severe" and "pleads" for trigger point and occipital nerve block injections on each visit. There is no documentation in any of the pain management notes detailing the efficacy of the pain medications, nor is there a list of current medications being provided. As such, the request for Roxicodone 15mg is non-certified.

One urine drug screen between 9/3/13 and 9/3/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Urine Drug Screen.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing .

Decision rationale: The CA MTUS/ACOEM did not address the frequency of urine drug screening, therefore, the Official Disability Guidelines were supplemented. ODG recommends urine drug testing for patient on opioid therapy. ODG states that if urine drug testing is the treating physician's office protocol, then a routine immunoassay panel should be established, as does the patient's current physician. ODG also states that patients at a moderate risk for substance abuse, including those with poor pain control, dysfunctional social circumstances, or psychiatric pathology, should receive testing approximately 2-3 times a year, and only those patients who are high risk, such as active substance abusers, need to be tested monthly. The records indicate that the patient has been tested every month, and at times, twice a month. He is not noted to be a high risk patient and therefore, the frequent urine drug testing is excessive. As such, the request for one urine drug screen between 09/03/2013 and 09/03/2013 is non-certified.

One urine drug screen between 9/3/13 and 12/2/13: 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), Pain, Urine Drug Screens.

Decision rationale: The CA MTUS/ACOEM did not address the frequency of urine drug screening, therefore, the Official Disability Guidelines were supplemented. ODG recommends urine drug testing for patient on opioid therapy. ODG states that if urine drug testing is the treating physician's office protocol, then a routine immunoassay panel should be established, as does the patient's current physician. ODG also states that patients at a moderate risk for substance abuse, including those with poor pain control, dysfunctional social circumstances, or psychiatric pathology, should receive testing approximately 2-3 times a year, and only those patients who are high risk, such as active substance abusers, need to be tested monthly. The records indicate that the patient has been tested every month, and at times, twice a month. Even though the patient had a possible psychological event during the requested period, he already had monthly tests obtained, all of which were normal. In addition, it is noted in the medical records that the patient has already received at least 4 urine drug screens within this time period on 09/03/2013, 10/01/2013, 10/29/2013, and 11/22/2013. As such, the request for one urine drug screen between 09/03/2013 and 12/02/2013 is non-certified.