

Case Number:	CM14-0019379		
Date Assigned:	04/21/2014	Date of Injury:	07/06/2004
Decision Date:	07/02/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 expert 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 injured worker is a 50 year old male who sustained an injury on 07/06/04 while loading equipment into the trunk of a car. The patient lost balance falling into a seated position injuring the bilateral hands arms buttocks and low back. Prior treatment included lumbar fusion with development of failed back surgery syndrome. The patient failed spinal cord stimulator trial in the past. The patient had continued use of high dose narcotics. As of 12/26/13 the patient was utilizing Oxycontin 60mg three times daily and Oxycodone 5mg every six hours as needed. The patient was referred to [REDACTED] for evaluation regarding potential injured worker pump which was performed on 01/07/14. At this evaluation the patient reported continuing chronic low back pain rating 10/10 on VAS without medications and 6/10 with medications. The patient indicated that his symptoms radiated to the lower extremities with associated weakness. On physical examination the patient ambulated with a slow gait. He could not perform heel or toe walking. There was moderate facet tenderness from L4 to S1. Positive findings for sacroiliac joint dysfunction were noted bilaterally. There was positive straight leg raise finding. Mild weakness throughout the lower extremities was noted. Reflexes were trace to absent at the ankles and 1+ at the knees symmetrically. [REDACTED] recommended the injured worker trial. The requested injured worker medication trial and urine drug screen was non-certified by utilization review on 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRATHECAL AND NARCOTIC PUMP TRIAL QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-delivery systems Page(s): 52-54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG DELIVERY SYSTEMS, MEDICATIONS Page(s): 54-55.

Decision rationale: In regards to intrathecal narcotic pain pump trial requested by [REDACTED], this reviewer would not have recommended this trial as medically necessary. Although the patient met the indications for injured worker drug trial there was no pre-trial psychological consult ruling out any confounding issues that may have possibly impacted the results of the trial as recommended by guidelines. Without a pre-trial psychological evaluation the requested injured worker trial would not be supported as medically necessary.

URINE DRUG SCREEN QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Test.

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

Decision rationale: In regards to the requested urine drug screen, the clinical documentation noted multiple narcotic medications including Oxycontin and Oxycodone. However, none of the recent clinical records described any concerns regarding aberrant medication use for this patient. No recent SOAPP or COMM reports were available for review assessing the overall risk stratification for the patient. Without indications regarding possible medication diversion or aberrant medication use this reviewer would not have recommended the requested urine drug screen as medically necessary.