

Case Number:	CM14-0151473		
Date Assigned:	09/19/2014	Date of Injury:	12/09/1998
Decision Date:	10/23/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/17/2014

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, has a subspecialty in Pain Management Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 58 year-old male with a history of work injury occurring 12/09/98 when he developed low back pain while pulling a manhole plate. Treatments included medications, physical therapy, and in September 2001 he underwent a lumbar laminectomy. He had postoperative physical therapy. Other treatments referenced include medications and chiropractic care. He has not returned to work since 2001. He was seen by the requesting provider on 11/20/13. He was having mid and lower back pain which was stable. Pain was rated at 6/10 with and 9/10 without medications. Medications were Carisoprodol 350 mg two times per day, fluoxetine 10 mg, losartan 100 mg, Norco 10/325 mg as needed, Opana ER 10 mg two times per day, and Ranitidine 300 mg per day. Physical examination findings included decreased lumbar spine range of motion with pain and tenderness. There was an antalgic gait. There was normal strength. Opana ER #60, Norco #120, and Carisoprodol #60 were prescribed. On 02/19/14 he was having worsening pain. Pain was rated at 5/10 with and 8/10 without medications. Physical examination findings appear unchanged. On 06/16/14 he was having moderate symptoms. Physical examination findings included lumbar spine tenderness with mildly decreased range of motion. There was normal paraspinal and lower extremity muscle tone. There was an antalgic gait. Medications were refilled. On 07/16/14 he was having ongoing back pain. Additional interventional care was being considered. He was having moderate to severe symptoms. Pain was rated at 5/10 with an 8/10 without medications. Physical examination findings included an antalgic gait with decreased and painful lumbar spine range of motion and tenderness. Opana ER 10 mg #60, Norco 10/325 mg #120, and Carisoprodol 350 mg #60 were prescribed. Urine drug screening was performed and was consistent with his prescribed medications. On 08/15/14 pain was rated at 5/10 with at 7/10 without medications. Physical examination findings included

decreased and painful lumbar spine range of motion. Opana ER 10 mg #60, Norco 10/325 mg #120, and Tizanidine 4 mg #90 were prescribed. Multiple lab tests were ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Acetaminophen, CBC (included Diff/plt), chem 19, Carisoprodol-serum, EIA9 w/alcohol+RFLX urine, GGT, TSH, Testo, free and total, LC/MS/MC, Urinalysis complete, hydrocodone & Netabikutem serum, Salicylates (Aspirin), Oxycodone-free (unconjugated): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 77-78.

Decision rationale: The claimant has a history of a work-related injury occurring more than 15 years ago with treatment including a lumbar spine fusion in 2001. He continues to be treated for chronic pain. Multiple lab tests have been ordered, including serum assays for opioids. Criteria for the frequency of drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on previous urine drug test results that would be inconsistent with the claimant's prescribed medications. Therefore, the requested serum assays are not medically necessary. Since these tests are not medically necessary, the additional tests included in the request are not considered medically necessary.