

Case Number:	CM14-0154765		
Date Assigned:	09/24/2014	Date of Injury:	08/15/1997
Decision Date:	10/27/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/22/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 61-year-old female who reported an injury on 08/15/1997. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar radiculopathy and failed low back syndrome. The injured worker's past treatments include medications, surgery, chiropractic therapy, acupuncture, and injections. The injured worker's diagnostic testing included lumbar spine magnetic resonance image, unofficial, on 04/14/2014, which showed moderate foraminal stenosis on the bilateral L1 and L2. The injured worker's surgical history includes spinal fusion in 2000. On the clinical note dated 07/23/2014, the injured worker complained of low back pain radiating down the bilateral lower extremities to the calves, rated 7/10. The injured worker had decreased flexion and extension to the lumbar spine. The injured worker's medications included Gabapentin 600 mg twice a day, Norco 10/325 mg 2 times a day. The request was for a medication panel, urine drug screen, and follow-up visit. The rationale for the request for med panel was to verify hepatic and renal function and maximize medication safety. The rationale for the urine drug screen was to verify medication compliance. The rationale for follow-up is for further evaluation and discussion. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [REDACTED]

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [REDACTED]

Decision rationale: The request for medication panel is not medically necessary. The injured worker is diagnosed with lumbar radiculopathy and failed low back syndrome. The injured worker complains of low back pain radiating down the bilateral lower extremities to the calves, rated 7/10. The [REDACTED] page states a liver panel may be used to screen a person for liver damage, especially someone who has a condition or is taking a drug that may affect the liver. BUN and creatinine are waste products filtered out by the blood and by the kidneys. Increased concentrations in the blood may indicate a temporary or chronic disease in kidney function. The injured worker has been on long term medication for pain management. The injured worker's medical records lack documentation of a history of liver or kidney issues to warrant lab tests. Additionally, the request does not indicate what the medication panel is being screened for. As such, the request for a medication panel is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC/Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines UDS Page(s): 43.

Decision rationale: The request for urine drug screen is not medically necessary. The injured worker is diagnosed with lumbar radiculopathy and failed low back syndrome. The injured worker complains of low back pain radiating to the bilateral lower extremities to the calves, rated 7/10. The California MTUS Guidelines recommend drug testing as an option. The guidelines state a urine drug screen is used to assess for the use of presence of illegal drugs. The injured worker had a urine drug screen obtained on 07/23/2014 that was consistent with the medication regimen. The request does not indicate the rationale for an additional urine drug screen. There is a lack of documentation indicating the injured worker is at high risk for aberrant drug behavior that would warrant an additional urine drug screen to be performed sooner than 6 months to a year. As such, the request for urine drug screen is not medically necessary.

Follow up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC/Evaluation and management outpatient visits

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

Decision rationale: The request for follow-up visit is medically necessary. The injured worker is diagnosed with lumbar radiculopathy and failed low back syndrome. The injured worker complained of low back pain radiating down to the bilateral lower extremities to the calves. The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The injured worker was prescribed Gabapentin 600 mg, Norco 10/325 mg, and started a trial of Lyrica 75 mg 3 times a day on 07/23/2014. Given the injured worker is on opioids for pain management and started a new trial of medication, the request for follow-up visit would be medically necessary. As such, the request for follow-up visit is medically necessary.