

Case Number:	CM14-0163900		
Date Assigned:	10/08/2014	Date of Injury:	06/06/2012
Decision Date:	12/03/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 54 year old female who was injured on 6/6/2012. She was diagnosed with cervical sprain, myalgia and myositis, chronic myofascial pain syndrome, bilateral ulnar nerve entrapment at elbows, bilateral ulnar nerve neuritis, lumbar strain, lumbar radiculopathy, and herniated lumbar disc. She was treated with surgery (lumbar laminectomy, L5-S1, 2005), physical therapy, opioids, epidural steroid injections, and meditation. On 3/25/2014 EMG/NCV studies of the lower extremities showed findings suggestive of mild-to-moderate left L5 radiculopathy. On 8/25/14, the worker saw her orthopedic surgeon who recommended to her bilateral ulnar nerve transposition and neurolysis of the ulnar nerve, and 2-3 lumbar epidural injections. On 9/2/2014, the worker was seen by her pain specialist complaining of constant upper and lower back pain rated at 7-8/10 on the pain scale without medication and 50% less with medications (Norco). She also reported pain in her left wrist and elbow. Physical examination findings included restricted range of motion of the lumbar spine, trigger points in cervical, upper back, lower back, and gluteal muscles. Neck compression test was positive, Patrick-Fabere test was positive, decreased range of motion of the left wrist and elbow, inability to perform heel-toe gait and instead required cane, and decreased sensation in left leg. She was then recommended Percocet instead of Norco, a urine drug screen, home exercises, and a follow-up appointment. Also, a request for lumbar surgery was made "as requested by [her] Orthopedist, due to failure of conservative management."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Surgery: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The MTUS ACOEM Guidelines state that lumbar spinal surgery may be considered only when serious spinal pathology or nerve root dysfunction is not responsive to conservative therapy with clear clinical and imaging evidence of a lesion that would benefit long-term from surgical repair. In the case of this worker, there seemed to be a miscommunication between the surgeon and pain specialist. In the progress notes, it appears that the surgeon intended to have the worker have surgery on her left elbow, not her lumbar spine. Rather, she was recommended epidural injections for her spine by the surgeon. Without clarification of whether or not the request was truly intended to be for lumbar surgery, for now, the surgery is not medically necessary.

Urinary Drug Screen (UDS): 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 Drug testing and Opioids Page(s): 43, 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was no evidence of any signs of the worker having issues of abuse, addiction, or poor pain control which might have warranted such frequent drug screenings. Therefore, the urine drug screening is not medically necessary.

Percocet 10/325mg #120: 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 Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, Percocet was started on 7/22/14 due to Norco not reducing the worker's pain significantly. However, no report on the worker's pain-relief and function with the Percocet was seen in the following reports. Therefore, without evidence of benefit, the Percocet is not medically necessary.

Follow-up 6 weeks: 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 Opioids Page(s): 124, 77, 81. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 p. 127

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Specifically with those taking opioids, a pain specialist may be helpful and warranted in cases where subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, when dosing of opioids begins to approach the maximum recommended amounts, or when weaning off of opioids proves to be challenging. In the case of this worker, it is not clear why she is seeing the pain specialist as she is not receiving any specialty-specific procedures or care that her primary provider and orthopedic physician could not manage. Therefore, follow-up with the pain specialist is not medically necessary.