

Case Number:	CM14-0075141		
Date Assigned:	07/16/2014	Date of Injury:	03/22/2011
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/22/2014

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 California. 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 49-year-old male who reported an injury on 03/22/2011. The mechanism of injury was not stated. The current diagnosis is lumbar radiculopathy. The injured worker was evaluated on 03/31/2014 with complaints of persistent pain in the bilateral upper and lower extremities as well as the lower back. It is noted that the injured worker is status post left-sided SI joint injection with improvement. Previous conservative treatment also includes 11 sessions of physical therapy, 20 sessions of chiropractic therapy, a lumbar epidural steroid injection, and medication management. The current medication regimen includes Gabapentin 300 mg and Norco 10/325 mg. Physical examination revealed decreased sensation in the L4-S1 dermatomes, negative straight leg raising on the right, positive straight leg raising on the left, and tenderness to palpation of the bilateral lumbar paraspinal muscles. Treatment recommendations included continuation of the current medication regimen, a follow-up pain management visit in 4 weeks, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg. # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 74-82 Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized this medication since 06/2011. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. The request is not medically necessary.

Random Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment & Workman's Compensation (TWC): Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, 77 and 89 Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the injured worker has continuously utilized opioid medication since 2011. There is no documentation of noncompliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity has not been established. The request is not medically necessary.

Pain Management Follow-up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment & Workman's Compensation (TWC): Evaluation and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physician follow-up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. It is noted that the injured worker has been previously issued authorization for a pain management consultation in 02/2014. It is unclear why a second pain management consultation is being requested at this time. The request is not medically necessary.