

<b>Case Number:</b>	CM14-0086115		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/08/2004
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 62-year-old male who reported injury on 06/08/2004. The mechanism of injury was not submitted for review. The injured worker has diagnoses of sacroiliac joint dysfunction to the right, status post stimulator implant, failed back surgery, lumbar radiculopathy, facet arthropathy of the lumbar spine and depression. Past medical treatment consists of nerve block/injections, epidural steroids, the use of a TENS unit, physical therapy, psychiatrist/psychologist sessions and medication therapy. Medications include Nucynta, Diazepam, Prilosec, Ketoprofen, Soma and Alprazolam. The injured worker has undergone x-ray and MRI. On 06/26/2014, the injured worker complained of low back pain. Physical examination of the lumbar spine revealed moderate tenderness over the right lower lumbar area and sacroiliac joint pain. Straight leg raise was positive on the right side at 35 degrees. Range of motion limited due to severity of his pain. It was noted that the injured worker had right paralumbar spasm. Sensory examination revealed a decrease to sensation at the right L5. The treatment plan is for the injured worker to have revision of spinal cord stimulator generator, decrease the injured worker's pain and enhance sleep. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anesthesia:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Rapid detox (Anesthesia) Page(s): 102-103.

**Decision rationale:** The request for Anesthesia is not medically necessary. The California MTUS Guidelines do not recommend the use of anesthesia. The data supporting the safety and efficacy of opioid agonist agent detoxification under sedation or general anesthesia is limited, and adequate safety has not been established. Given that the adverse events are potentially life threatening, the value of antagonist induced withdrawal under heavy sedation or anesthesia is not supported. The request as submitted did not indicate the rationale as to why the provider was requesting anesthesia. Given the above, and the lack of documentation submitted for review, the request for Anesthesia is not medically necessary.

**Toxicology Screen:** Upheld

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

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

**Decision rationale:** The request for Toxicology Screen is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state using a urine drug screen to assess for the use of presence of illegal drugs is recommended as an option. Drug screens are one step used to take before a therapeutic trial of opioids and ongoing management of opioids. There also used to differentiate dependence and addiction. The submitted documentation did not indicate that the injured worker was being treated with opioid therapy. Additionally, there was no indication in the submitted report that the injured worker had any drug issues. Furthermore, a rationale for the request was not submitted for review. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.