

Case Number:	CM14-0181144		
Date Assigned:	11/21/2014	Date of Injury:	11/05/2012
Decision Date:	01/15/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/31/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 36-year-old female with an 11/5/12 date of injury. At the time (9/10/14) of request for authorization for Retrospective urine analysis to monitor compliance with prescribed medications provided on date of service 9/10/14, [REDACTED] narcotic risk test performed to identify genetic risk factors of narcotic abuse, tolerance and dependence, and Neurosurgery consult and treatment, there is documentation of subjective (low back pain) and objective (positive Kemp's test and Facet test, tenderness to palpation over L4-L5 and L5_S1 with muscle guarding and spasms, and positive straight leg raise on the right) findings. Also there is documentation of imaging findings (Reported MRI of the Lumbar spine (date unspecified) revealed 6-7 mm L4-L5 disc protrusion with moderate central canal narrowing as well as a 3mm disc bulge at L5-S1 with mild central canal narrowing; annular fissures in the posterior aspect of the L3-L4 and L5-S1 discs; and severe bilateral L5-S1 facet hypertrophy; report not available for review), current diagnoses (lumbar disc displacement, discogenic back pain, and lumbar spine 6-7 mm disc protrusion at L4-L5), and treatment to date (medications (including ongoing treatment with Norco since at least 11/5/12)). Regarding Retrospective urine analysis to monitor compliance with prescribed medications provided on date of service 9/10/14, there is no documentation of opioid abuse, addiction, or poor pain control. Regarding Neurosurgery consult and treatment, there is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), accompanying objective signs of neural, imaging report, and activity limitation for more than one month or with extreme progression of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine analysis to monitor compliance with prescribed medications provided on date of service 9/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, discogenic back pain, and lumbar spine 6-7 mm disc protrusion at L4-L5. In addition, there is documentation of ongoing opioid treatment. However, there is no documentation of opioid abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Retrospective urine analysis to monitor compliance with prescribed medications provided on date of service 9/10/14 is not medically necessary.

██████ narcotic risk test performed to identify genetic risk factors of narcotic abuse, tolerance and dependence: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Genetic testing for potential opioid abuse

Decision rationale: MTUS does not address the issue. ODG identifies genetic testing for potential opioid abuse is not recommended. Therefore, based on guidelines and a review of the evidence, the request for ██████ narcotic risk test performed to identify genetic risk factors of narcotic abuse, tolerance and dependence is not medically necessary.

Neurosurgery consult and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, as criteria necessary to support the medical necessity of a spine specialist referral. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, discogenic back pain, and lumbar spine 6-7 mm disc protrusion at L4-L5. However, despite documentation of subjective (low back pain) and objective (positive Kemp's test and Facet test, tenderness to palpation over L4-L5 and L5-S1 with muscle guarding and spasms, and positive straight leg raise on the right) findings, there is no (clear) documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy) and accompanying objective signs of neural compromise. In addition, despite documentation of medical reports reported imaging findings (MRI of the lumbar spine identifying 6-7 mm L4-L5 disc protrusion with moderate central canal narrowing as well as a 3mm disc bulge at L5-S1 with mild central canal narrowing; annular fissures in the posterior aspect of the L3-L4 and L5-S1 discs; and severe bilateral L5-S1 facet hypertrophy), there is no documentation of imaging report. Furthermore, there is no documentation of activity limitation for more than one month or with extreme progression of symptoms. Lastly, given documentation of a request for neurosurgery consult and treatment, there is no documentation of a specific treatment plan. Therefore, based on guidelines and a review of the evidence, the request for Neurosurgery consult and treatment is not medically necessary.