

Case Number:	CM14-0206136		
Date Assigned:	12/18/2014	Date of Injury:	01/30/2008
Decision Date:	02/12/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab 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 patient is a 57 year old female with date of injury 1/03/08. The treating physician report dated 11/05/14 (13) indicates that the patient presents with pain affecting the low back, left hip and left shoulder. The physical examination findings reveal tenderness to palpation at the lumbosacral junction. Straight leg raise is negative bilaterally. Prior treatment history includes medication, MRI and chiropractic. MRI findings reveal subtle disc to the right side of T8-T9 in thoracic spine and also bulging disc at T11-T12. MRI of the lumbar spine showed bulging disc at L5-S1. MRI of the cervical spine showed disc degeneration at C4-C5, C5-C6, small protruding discs at C4-C5 and C5-C6. The current diagnoses are: 1.Lower thoracic pain2.Chronic low back pain3.Disc degenerationThe utilization review report dated 12/01/14 denied the request for chiropractic care 8 sessions based on no mention of any recent flare-up of complaints. The above report denied the request for Norco 10/325 mg #30 (DOS 11/05/14) based on no supporting evidence of objective functional benefit with medication use. The above report denied the request for Naproxen 550 mg #120 (DOS 11/05/14) based on no evidence of functional benefit with medication use. The above report modified the request for urine drug screen (DOS 11/05/14) based on the patient being at minimal risk for medication misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen (DOS: 11/5/14): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT)

Decision rationale: The patient presents with low back, left hip and left shoulder pain. The current request is for retrospective urine drug screen (11/05/14). The treating physician states that the patient's pain levels are still brought down by her medication and it allows her to continue working. The MTUS guidelines page 77 under opioid management state, "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." Official Disability Guidelines state that urine drug testing is "recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws." The Official Disability Guidelines further state regarding ongoing monitoring, "If a patient has evidence of a 'high risk' of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts." In this case, the treating physician has ordered a urine drug screen test to monitor compliance of opioid usage. The patient also has documented "major depression and anxiety." The Official Disability Guidelines recommend once yearly testing for low-risk patients. However, given the patient's history of major depression and anxiety she is considered high risk. Official Disability Guidelines state, "Patients at 'high risk' of adverse outcomes may require testing as often as once per month." Therefore, this request is medically necessary.

Chiropractic Care 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient presents with low back, left hip and left shoulder pain. The current request is for chiropractic care 8 sessions. The treating physician states, "The patient's pain never completely goes away except for the time that she has had the chiropractic care in the past. The pain would drop down below 4/10 for a couple of days after each session." The

MTUS guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. "Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." In this case, the treating physician has not provided information as to when chiropractic care was received in the past and how many sessions. The current request is for 8 sessions of chiropractic care. No evidence is given as to why the patient should receive additional treatment outside of MTUS guidelines. Therefore, this request is not medically necessary.

Retrospective Norco 10/325mg #30 (DOS: 11/5/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89.

Decision rationale: The patient presents with low back, left hip and left shoulder pain. The current request is for retrospective Norco 10/325 mg #30 (DOS 11/05/14). The treating physician states that the patient's pain levels are still brought down by her medication and it allows her to continue working. The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS on page 60 requires documentation of pain and function when prescribing medication for chronic pain. In this case, the treating physician has documented the 4 A's in a report on 8/13/15. There is documentation that the patient has increased ADLs which include cooking, cleaning, laundry and she is able to continue to work on a full time basis. Norco is helping this patient function and the physician has clearly documented the necessary criteria for ongoing opioid usage. Therefore, this request is medically necessary.

Retrospective Naproxen 550mg #120 (DOS: 11/5/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Medications for chronic pain Page(s): 67-73, 60-61.

Decision rationale: The patient presents with low back, left hip and left shoulder. The current request is for retrospective naproxen 550 mg #120 (DOS 11/05/14). The treating physician states that the patient's pain levels are still brought down by her medication and it allows her to

continue working. The MTUS guidelines recommend usage of NSAIDs. The MTUS guidelines for medications for chronic pain state pages 60-61 state, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS further states, "A record of pain and function with the medication should be recorded." MTUS does support the use of NSAIDs for chronic pain, specifically for low back, neuropathic and osteoarthritis. The physician has documented decreased pain and improved function with NSAID usage. Therefore, this request is medically necessary.