

Case Number:	CM14-0206480		
Date Assigned:	12/18/2014	Date of Injury:	08/23/2007
Decision Date:	02/13/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/10/2014

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 Practice 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:

This is a 56 year old male patient who sustained a work related injury on 8/23/2007. Patient sustained the injury due to a fall. The current diagnoses include s/p ORIF of the right pelvic fracture, cervical and lumbar spondylosis. Per the doctor's note dated 12/3/14, patient has complaints of pain in neck with stiffness that was radiating to arms and low back pain with numbness and tingling in legs. Physical examination of the cervical region revealed tenderness on palpation, limited range of motion and positive Spurling test. Physical examination of the lumbar region revealed limited range of motion, tenderness on palpation and positive SLR and decreased sensation in bilateral L5 nerve root. The current medication lists include Neurontin, Opana, Lisinopril, Wellbutrin, Metformin, Buspirion and Insulin. The patient has had MRI of the brain that revealed nonspecific white matter disease; MRI of the lumbar spine dated April 2014 that revealed posterior annular disc tear at L2-3, at L2-3, a 3mm midline disc extrusion extending inferiorly resulting in the abutment of the existing of the nerve roots with mild degree of central canal narrowing; CT coronary angiography that revealed mild diffuse thickening of left ventricular wall, 40-50% focal stenosis in left anterior descending coronary artery; Chest x-rays revealed normal cardiac silhouette; Cervical spine MRI that revealed C6-7, 3 mm right foraminal disc protrusion and degenerative changes; X-ray of the cervical spine that revealed disc space narrowing. The patient's surgical history includes ORIF of the right pelvic fracture on 8/30/2007; wrist surgery and right shoulder surgery. The patient has received an unspecified number of PT visits for this injury. He had received 6 aquatic therapy visits for this injury. He was approved for a hot heating pad. He has had a urine drug toxicology report on 10/9/14 and it was positive for the prescribed medication. The patient has used a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment.... Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument.... Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." As per records provided the medication list includes Opana. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for Urine Drug Test is medically appropriate and necessary in this patient.

Opana ER 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Therapeutic Trial of Opioids Page(s): 76-80.

Decision rationale: Opana ER 7.5mg is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The

continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Opana ER 7.5mg is not established for this patient.

12 Pool Therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Per MTUS guidelines, aquatic therapy, "Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land based physical therapy that is specified in the records provided. Patient has received an unspecified number of PT visits and had received 6 aquatic therapy visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for 12 Pool Therapy visits is not fully established in this patient.

Unknown Home Health Care attendant 35 hrs per week (unspecified quantity of weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual Rev 144, 5/6/11), Chapter 7, Home Health Services, section 50.7

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: Per the CA MTUS guidelines cited below, regarding home health services ".....Medical treatment does not include homemaker services like shopping, cleaning, and

laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed."Any documented evidence that he is totally homebound or bedridden is not specified in the records provided. Any medical need for home health service like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. Patient has received an unspecified number of PT visits and had received 6 aquatic therapy visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The medical necessity of the request for Unknown Home Health Care attendant 35 hrs per week (unspecified quantity of weeks) is not fully established in this patient.