

Case Number:	CM14-0207905		
Date Assigned:	12/19/2014	Date of Injury:	09/26/2003
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Nevada, California
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 60-year-old female who reported injury on 09/26/2003. The mechanism of injury was due to a trip and fall, injuring her left knee and lumbar spine. The injured worker has diagnoses of probable lumbar spondylosis with lumbar discopathy and lower extremity numbness and tingling of unknown etiology, possibly secondary to radiculitis. Past medical treatment consists of surgery, therapy, and medication therapy. Medications consist of Percocet, Norco, Soma, and buprenorphine. Past surgical history consists of anterior cervical discectomy and fusion. On 10/29/2014, the injured worker complained of low back pain that is present constantly. It does radiates with numbness into the lower extremities. Physical examination revealed a flattened lumbar lordosis. The injured worker was able to flex forward to around 50 degrees and extend around 10 degrees. Palpatory exam did show spasm and guarding at the base of the lumbar spine, straight leg raise was negative bilaterally. Reflexes were 1+ and equal at the patellar and Achilles region. Motor deficits were noted with regard to thigh flexion, leg flexion extension, ankle dorsi and plantar flexion or EHL. The medical treatment plan is for the injured worker to continue with medication therapy. The provider feels that the urine drug screen is necessary for more information on medications. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for urine drug screen is medically necessary. The California MTUS Guidelines recommend a urine drug screen as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided indicated that provider needed more information regarding the injured workers medication regimen. The provider feels a CURES report is necessary. Given the above, the injured worker is within guideline criteria. As such, the request is medically necessary.

Buprenorphine 1mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The request for buprenorphine 1mg # 90 is not medically necessary. The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid therapy. The guidelines also state that buprenorphine is used for weaning as well as withdrawal. It can also be used for ongoing pain. The guidelines recommend the lowest possible dosage should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A proper pain assessment should be submitted which would include current pain, pain before medication administration, during and after. Satisfactory response to treatment would be indicated the patients decreased pain, increased level of function, or improved quality of life. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the medication was helping with any functional deficits. Additionally, there were no pain assessments submitted for review indicating what pain levels were before, during, and after medication administration. Furthermore, there was no evidence submitted of functional status or any side effects. The documents provided did not indicate what the medication was being used for. The request did not specify the reason for use of the medication, nor did it indicate the frequency or duration of the medication. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.