MAXIMUS Federal Services

Case Number:	CM15-0109743		
Date Assigned:	06/16/2015	Date of Injury:	01/13/2011
Decision Date:	09/01/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old female, who sustained an industrial injury on 01/13/2011. She reported injury to her lower back, right hand, wrist, shoulder and right inguinal area. Treatment to date has included x-rays, MRI, physical therapy for the lower back, right hand and shoulder, hernia repair and spine surgery. According to a partially legible handwritten progress report dated 05/18/2015, subjective complaints included constant low back pain that was rated 8 on a scale of 1-10, constant right shoulder pain rated 7, headaches and neck pain. The injured worker felt as if she was getting worse. Diagnoses included status post L4-5 posterior spinal fusion, decompression, right shoulder sprain/strain rule out internal derangement and right wrist sprain/strain rule out internal derangement. The treatment plan included Tramadol, Naproxen, Prilosec, urine toxicology, repeat functional capacity evaluation and a Toradol injection. Currently under review is the request for Tramadol, urine toxicology screen, intramuscular injection with 1 cc Lidocaine 1 cc Marcaine and 60mg Toradol and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Pain Procedure Summary Online Version last updated 04/06/2015 Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

Decision rationale: The patient presents on 05/18/15 with lower back pain rated 8/10, right shoulder pain rated 7/10, and unrated neck pain. The handwritten progress note is poorly scanned in some sections are difficult to decipher. The patient's date of injury is 01/13/11. Patient is status post lumbar fusion at L3-4 at a date unspecified. The request is for URINE TOXICOLOGY SCREEN. The RFA is dated 05/18/15. Progress note dated 05/18/15 does not include any physical findings, stating "see detailed report" though no such detailed report could be located in the submitted documentation. The patient is currently prescribed Tramadol, Naproxen, and Prilosec. Diagnostic imaging included MRI of the lumbar spine dated 11/06/14, significant findings include: "L3-L4 disc level shows status post fixation with bilateral large metallic screws in the posterior elements. Note, there is a 5mm posterior protrusion of the nucleus pulposus. Small tear of the annulus of the posterior nucleus pulposus. Moderate decrease in the AP sagittal diameter of the lumbosacral canal. Dehisence of the nucleus pulposus is present." Patient is currently classified as permanent and stationary, current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, Page 43 has the following under Drug Testing: "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "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... Patients at "high risk" of adverse outcomes may require testing as often as once per month. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." In regard to the urine drug screen, the provider has exceeded guideline recommendations. While MTUS does not set a specific frequency for urine drug screening, ODG specifies that patients who are considered low risk only require urine drug screening at 6 month interval from narcotic initiation, and on a yearly basis thereafter. There is no discussion as to whether this patient is considered at risk for drug abuse/diversion. This patient underwent urine drug screening per progress note dated 11/11/14, though the results were not available for review. Without a rationale as to why this patient requires more frequent urine drug screening, or a discussion of suspected non-compliance or diversion, the requested urine drug screen cannot be substantiated. The request IS NOT medically necessary.

IM injection with 1cc Lidocaine, 1cc Marcaine, and 60mg Toradol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Pain Procedure Summary Online Version last updated 04/06/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 72.

Decision rationale: The patient presents on 05/18/15 with lower back pain rated 8/10, right shoulder pain rated 7/10, and unrated neck pain. The handwritten progress note is poorly scanned in some sections are difficult to decipher. The patient's date of injury is 01/13/11. Patient is status post lumbar fusion at L3-4 at a date unspecified. The request is for IM INJECTION WITH 1CC LIDOCAINE, 1CC MARCAINE, AND 60MG TORADOL. The RFA is dated 05/18/15. Progress note dated 05/18/15 does not include any physical findings, stating "see detailed report" though no such detailed report could be located in the submitted documentation. The patient is currently prescribed Tramadol, Naproxen, and Prilosec. Diagnostic imaging included MRI of the lumbar spine dated 11/06/14, significant findings include: "L3-L4 disc level shows status post fixation with bilateral large metallic screws in the posterior elements. Note, there is a 5mm posterior protrusion of the nucleus pulposus. Small tear of the annulus of the posterior nucleus pulposus. Moderate decrease in the AP sagittal diameter of the lumbosacral canal. Dehisence of the nucleus pulposus is present." Patient is currently classified as permanent and stationary, current work status is not provided. MTUS states on pg.72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain." In regard to the request for an IM injection containing Toradol for this patient's chronic pain, such injections are not indicated for chronic pain conditions and there is no discussion of acute flare-up for which IM Toradol could be considered appropriate. Progress notes dated 11/11/14 and 05/18/15 include recommendations for IM Toradol injections point of care, though neither note specifically states whether these injections were carried out for the management of acute flare-ups. While this patient presents with significant pain complaints, IM Toradol is not recommended for chronic pain conditions. In the absence of evidence of acute flare-ups or injury, the requested injection is not supported by guidelines and cannot be substantiated. The request IS NOT medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Fitness for Duty Procedure Summary last updated 03/26/2014 Guidelines for performing an FCE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE),

Fitness for Duty and Other Medical Treatment Guidelines ACOEM Guidelines, Chapter 7 page 137.

Decision rationale: The patient presents on 05/18/15 with lower back pain rated 8/10, right shoulder pain rated 7/10, and unrated neck pain. The handwritten progress note is poorly scanned in some sections are difficult to decipher. The patient's date of injury is 01/13/11. Patient is status post lumbar fusion at L3-4 at a date unspecified. The request is for FUNCTIONAL CAPACITY EVALUATION. The RFA is dated 05/18/15. Progress note dated 05/18/15 does not include any physical findings, stating "see detailed report" though no such detailed report could be located in the submitted documentation. The patient is currently prescribed Tramadol, Naproxen, and Prilosec. Diagnostic imaging included MRI of the lumbar spine dated 11/06/14, significant findings include: "L3-L4 disc level shows status post fixation with bilateral large metallic screws in the posterior elements. Note, there is a 5mm posterior protrusion of the nucleus pulposus. Small tear of the annulus of the posterior nucleus pulposus. Moderate decrease in the AP sagittal diameter of the lumbosacral canal. Dehisence of the nucleus pulposus is present." Patient is currently classified as permanent and stationary, current work status is not provided. Regarding functional capacity evaluation, ACOEM Guidelines Chapter page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." ODG Fitness For Duty, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE) states: "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." In regard to the request for a functional capacity evaluation, this patient does not meet guideline criteria for such an evaluation. ACOEM and ODG do not support functional capacity evaluations solely to predict an individual's work capacity, unless the information obtained is crucial or requested by the adjuster/employer. The treating physician's assessment of the patient's limitations are as good as what can be obtained via an FCE. Therefore, the request IS NOT medically necessary.

Tramadol 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80-82, 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents on 05/18/15 with lower back pain rated 8/10, right shoulder pain rated 7/10, and unrated neck pain. The handwritten progress note is poorly scanned in some sections are difficult to decipher. The patient's date of injury is 01/13/11. Patient is status post lumbar fusion at L3-4 at a date unspecified. The request is for TRAMADOL 37.5/325MG #60. The RFA is dated 05/18/15. Progress note dated 05/18/15 does not include any physical findings, stating "see detailed report" though no such detailed report could be located in the submitted documentation. The patient is currently prescribed Tramadol, Naproxen, and Prilosec.

Diagnostic imaging included MRI of the lumbar spine dated 11/06/14, significant findings include: "L3-L4 disc level shows status post fixation with bilateral large metallic screws in the posterior elements. Note, there is a 5mm posterior protrusion of the nucleus pulposus. Small tear of the annulus of the posterior nucleus pulposus. Moderate decrease in the AP sagittal diameter of the lumbosacral canal. Dehisence of the nucleus pulposus is present." Patient is currently classified as permanent and stationary, current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse 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. In regard to the requested Tramadol for the maintenance of this patient's chronic lower back pain, the treater has not provided adequate documentation to substantiate use. In regard to efficacy, most recent progress note dated 05/18/15 does not provide documentation of analgesia attributed to narcotic medications, nor functional improvements. There is evidence of urine drug screening for compliance, though the results of these screenings or discussion of consistency is not specifically stated, nor does the provider address a lack of aberrant behavior. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, no such documentation is provided. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.