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| Case Number: | CM15-0138912 | | |
| Date Assigned: | 07/28/2015 | Date of Injury: | 10/03/1994 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 06/23/2015 |
| Priority: | Standard | Application Received: | 07/17/2015 |

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: Massachusetts

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

This 57-year-old female sustained an industrial injury to the low back on 10/3/94. The injured worker sustained a second industrial injury to bilateral hips and knees on 6/12/14. Previous treatment included physical therapy, acupuncture, chiropractic therapy and medications. The injured worker underwent left L5 transforaminal block on 5/13/14. The injured worker noted improvement in back and lower extremity pain following the procedure with increased function and decreased oral medication intake. In a pain management reevaluation dated 6/1/15, the injured worker complained of low back pain with radiation to bilateral lower extremities, neck pain with radiation to the left upper extremity, mid back pain, bilateral knee pain and bilateral heel pain. Physical exam was remarkable for tenderness to palpation to the midline of the cervical spine, lumbar spine and thoracic spine, bilateral cervical and lumbar spine facets and bilateral trapezius with positive Spurling's, bilateral straight leg raise and left Lasegues's tests. The injured worker also had tenderness to palpation to bilateral heels, feet and knees. The injured worker had hypoalgesia in the C5-7 distribution and weakness to bilateral upper extremities. Current diagnoses included possible lumbar discogenic pain, bilateral lumbosacral radiculopathy pain, possible cervical discogenic pain, recurrent bilateral cervical radiculopathy pain, bilateral knee sprain/strain and bilateral hip sprain/strain. The treatment plan included requesting authorization for Lidoderm patch, Anaprox, Prilosec, Norco and Ambien), diagnostic workup for compliance every 3-4 months as per guidelines while the patient remains on prescribed pain medications, bilateral knee soft support brace and cervical spine epidural steroid injections at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine diagnostic workup for compliance every 3-4 months as per guidelines while the patient remains on prescribed pain medications: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant has a remote history of a work injury occurring in October 1994 with a second injury in June 2014. He is being treated for neck pain radiating low back pain, and bilateral hip and knee pain. Medications include Norco. Urine drug screening was performed in April 2015 and was consistent with the prescribed medications. When seen, there had been improvement after an epidural injection. He was performing eight regular home exercise program. There was a guarded non-antalgic gait. There was cervical and lumbar paraspinal and facet tenderness. There was bilateral trapezius muscle tenderness. Spurling's and straight leg raising were positive. There was bilateral hip and knee tenderness. There was upper extremity weakness with decreased sensation. Medications including Norco were refilled. Criteria for the frequency of urine drug testing include evidence of risk stratification. 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 this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. This request for urine drug screening every 3-4 months was not medically necessary.