

Case Number:	CM15-0145325		
Date Assigned:	08/06/2015	Date of Injury:	12/31/1996
Decision Date:	09/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63 year old female, who sustained an industrial injury on 12-31-96. She reported pain in her mid and lower back. The injured worker was diagnosed as having lumbar degenerative disc disease and lumbar spondylosis. Treatment to date has included physical therapy, a lumbar fusion in 2010 and Norco since at least 12-11-14. As of the PR2 dated 6-18-15, the injured worker reports pain in her mid and lower back. The treating physician noted the SOAPP score was 15 and the preliminary urine drug test was inconsistent for pain medications because the injured worker had not taken hydrocodone for weeks. Objective findings include a normal gait and palpable tenderness over the right inferior trapezium and sacroiliac joint area. The treating physician requested a return to clinic, a SOAPP test, Norco 10-325mg #120, a urine drug screen and a PGT test

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Return to clinic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The injured worker sustained a work related injury on 12-31-96. The medical records provided indicate the diagnosis of lumbar degenerative disc disease and lumbar spondylosis. Treatment to date has included physical therapy, a lumbar fusion in 2010 and Norco. The medical records provided for review do not indicate a medical necessity for 1 Return to clinic. The MTUS recommends that Physician follow-up can occur when a release to modified, increased, or full-duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working. According to the utilization report, this request is to have the injured worker return to this physician as a new complex medical case, rather than as an established complex medical case the request is not medically necessary because the injured worker has been attended to by the physician for this condition; any subsequent visit is as an established case.

1 S.O.A.P.P. test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Opioids, screening test for risk of addiction & misuse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Opioids, screening tests for risk of addiction & misuse.

Decision rationale: The injured worker sustained a work related injury on 12-31-96. The medical records provided indicate the diagnosis of lumbar degenerative disc disease and lumbar spondylosis. Treatment to date has included physical therapy, a lumbar fusion in 2010 and Norco. The medical records provided for review do not indicate a medical necessity for 1 S.O.A.P.P. test. SOAPP test is a brief self-report measure to capture important information in order to identify which chronic pain patients may be at risk for problems with long-term opioid medications. This is considered as part of patient's evaluation, like obtaining a patient's medical history; therefore, it does not require a separate order or request.

1 Prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 12-31-96. The medical records provided indicate the diagnosis of lumbar degenerative disc disease and lumbar spondylosis. Treatment to date has included physical therapy, a lumbar fusion in 2010 and

Norco. The medical records provided for review do not indicate a medical necessity for 1 Prescription of Norco 10/325mg #120. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the long-term use of opioids for the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; and to discontinue treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been taking this medication since 12/2014 without a documented evidence of significant increase in activities of daily living, less dependence on medical treatment, and reduction in work restrictions. The requested treatment is not medically necessary due to lack of overall improvement with the medication.

1 Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

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

Decision rationale: The injured worker sustained a work related injury on 12-31-96. The medical records provided indicate the diagnosis of lumbar degenerative disc disease and lumbar spondylosis. Treatment to date has included physical therapy, a lumbar fusion in 2010 and Norco. The medical records provided for review do indicate a medical necessity for 1 Urine drug screen. The MTUS recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The medical records indicate the injured worker has been suffering from chronic pain as a result of which she was on treatment with opioids; but since she was not getting any better, she was referred to a pain specialist. The pain specialist tested the injured workers urine to evaluate the injured worker for apparent behavior, and the test result came out with inconsistent result. The test was medically necessary at this point: being a new patient, the physician wanted to have an overall picture about his patient in case he decides to place her on opioids in future. This is comparable to history and physical in this situation.

1 PGT (Pharmacogenetic) test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Genetic testing for potential opioid abuse (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Pharmacogenetic testing/ pharmacogenomics (opioids & chronic non-malignant pain).

Decision rationale: The injured worker sustained a work related injury on 12-31-96. The medical records provided indicate the diagnosis of lumbar degenerative disc disease and lumbar spondylosis. Treatment to date has included physical therapy, a lumbar fusion in 2010 and Norco. The medical records provided for review do not indicate a medical necessity for 1 PGT (Pharmacogenetic) test The MTUS is silent on this, but the Official Disability Guidelines does not recommend Pharmacogenetic testing except in a research setting.