

Case Number:	CM15-0145442		
Date Assigned:	08/06/2015	Date of Injury:	02/12/2009
Decision Date:	09/24/2015	UR Denial Date:	07/10/2015
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 56 year old male, who sustained an industrial injury on 02-12-2009. He has reported injury to the low back. The diagnoses have included lumbar spine disc disease; displacement of lumbar intervertebral disc without myelopathy; lumbar spine radiculopathy; status post right L5-S1 laminectomy and discectomy, on 04-09-2010; status post revision laminectomy, discectomy, and posterolateral fusion L4-5 and L5-S1, on 05-08-2012; and chronic pain syndrome. Treatment to date has included medications, diagnostics, chiropractic therapy, epidural steroid injections, physical therapy, home exercise program, spinal cord stimulator trial, and surgical intervention. Medications have included Norco, Ibuprofen, Neurontin, Flexeril, Lyrica, Soma, Xanax, Omeprazole, and topical compounded creams. A progress report from the treating provider, dated 05-22-2015, documented a follow-up visit with the injured worker. The injured worker reported lumbar spine and bilateral foot pain; the lumbar spine pain is rated at 9 out of 10 on the pain scale; the low back pain radiates to the bilateral lower extremities and is associated with numbness and tingling; the bilateral foot pain is rated at 7 out of 10 on the pain scale with numbness; the pain has increased since the last visit; he has been taking his medication regularly and tolerates them well; his medications are helping with his pain; and he received significant relief in his low back with the spinal cord stimulator trial. Objective findings included gait is antalgic on the right; heel-toe walk exacerbates his antalgic gait on the right; there is severe tenderness to palpation and spasm and tightness noted over the lumbar paraspinous muscles; there is moderate facet tenderness to palpation noted at the L4 through S1; positive sacroiliac tenderness on the right and the left; sacroiliac thrust test is positive on the

right and the left; Kemp's test is positive on the right and left; straight leg raise test is positive on the right and the left; lumbar spine ranges of motion are decreased on the right and the left; and there is decreased sensation noted in the L4, L5, and S1 dermatomes bilaterally. The treatment plan has included the request for Norco 10-325 mg #60 between 02-10-15 and 09-07-15; Norco 10-325 mg #60 between 04-07-15 and 09-07-15; urine toxicology between 02-10-15; urine toxicology between 12-09-14; and urine toxicology between 04-07-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #60 between 2/10/15 and 9/7/15: 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 02-12-2009. The medical records provided indicate the diagnosis of lumbar spine disc disease; displacement of lumbar intervertebral disc without myelopathy; lumbar spine radiculopathy; status post right L5-S1 laminectomy and discectomy, on 04-09-2010; status post revision laminectomy, discectomy, and posterolateral fusion L4-5 and L5-S1, on 05-08-2012; and chronic pain syndrome. Treatment to date has included medications, diagnostics, chiropractic therapy, epidural steroid injections, physical therapy, home exercise program, spinal cord stimulator trial, and surgical intervention. Medications have included Norco, Ibuprofen, Neurontin, Flexeril, Lyrica, Soma, Xanax, Omeprazole, and topical compounded creams. The medical records provided for review do not indicate a medical necessity for Norco 10/325 MG #60 between 2/10/15 and 9/7/15. 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 in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. When used for more than 6 months, the MTUS recommends documentation of pain and functional improvement in numerical values and compare with baseline values. 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; the MTUS recommends discontinuation of opioid 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 on this medication at least since 2013, but this was not associated with a documented evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The request is not medically necessary.

Norco 10/325 MG #60 between 4/7/15 and 9/7/15: 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 02-12-2009. The medical records provided indicate the diagnosis of lumbar spine disc disease; displacement of lumbar intervertebral disc without myelopathy; lumbar spine radiculopathy; status post right L5-S1 laminectomy and discectomy, on 04-09-2010; status post revision laminectomy, discectomy, and posterolateral fusion L4-5 and L5-S1, on 05-08-2012; and chronic pain syndrome. Treatment to date has included medications, diagnostics, chiropractic therapy, epidural steroid injections, physical therapy, home exercise program, spinal cord stimulator trial, and surgical intervention. Medications have included Norco, Ibuprofen, Neurontin, Flexeril, Lyrica, Soma, Xanax, Omeprazole, and topical compounded creams. The medical records provided for review do not indicate a medical necessity for Norco 10/325 MG #60 between 4/7/15 and 9/7/15. 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 in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. When used for more than 6 months, the MTUS recommends documentation of pain and functional improvement in numerical values and compare with baseline values. 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; the MTUS recommends discontinuation of opioid 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 on this medication at least since 2013, but this was not associated with a documented evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The request is not medically necessary.

Urine Toxicology between 2/10/15: Upheld

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

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) Urine drug testing (UDT).

Decision rationale: The injured worker sustained a work related injury on 02-12-2009. The medical records provided indicate the diagnosis of lumbar spine disc disease; displacement of lumbar intervertebral disc without myelopathy; lumbar spine radiculopathy; status post right L5-S1 laminectomy and discectomy, on 04-09-2010; status post revision laminectomy, discectomy, and posterolateral fusion L4-5 and L5-S1, on 05-08-2012; and chronic pain syndrome. Treatment

to date has included medications, diagnostics, chiropractic therapy, epidural steroid injections, physical therapy, home exercise program, spinal cord stimulator trial, and surgical intervention. Medications have included Norco, Ibuprofen, Neurontin, Flexeril, Lyrica, Soma, Xanax, Omeprazole, and topical compounded creams. The medical records provided for review do not indicate a medical necessity for Urine Toxicology between 2/10/15. The MTUS recommends the drugs 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 is being treated with Opioids and based on SOAPP-R, a self-report instrument designed to predict aberrant medication-related behaviors among persons with chronic pain, the injured worker scored 33, placing her at high risk. As a result, she was administered urine drug screen on 11/21/14, 12/9/14, and 02/10/15. The medical records also reveals that the use of opioids was not associated with a documented evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment... Therefore, urine toxicology testing between 2/10/15 is not medically necessary since the opioid use is not medically necessary at this time.

Urine Toxicology between 12/9/14: Upheld

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

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) Urine drug testing (UDT).

Decision rationale: The injured worker sustained a work related injury on 02-12-2009. The medical records provided indicate the diagnosis of lumbar spine disc disease; displacement of lumbar intervertebral disc without myelopathy; lumbar spine radiculopathy; status post right L5-S1 laminectomy and discectomy, on 04-09-2010; status post revision laminectomy, discectomy, and posterolateral fusion L4-5 and L5-S1, on 05-08-2012; and chronic pain syndrome. Treatment to date has included medications, diagnostics, chiropractic therapy, epidural steroid injections, physical therapy, home exercise program, spinal cord stimulator trial, and surgical intervention. Medications have included Norco, Ibuprofen, Neurontin, Flexeril, Lyrica, Soma, Xanax, Omeprazole, and topical compounded creams. The medical records provided for review do not indicate a medical necessity for Urine Toxicology between 12/9/14 The MTUS recommends the drugs 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 is being treated with Opioids and based on SOAPP-R, a self-report instrument designed to predict aberrant medication-related behaviors among persons with chronic pain, the injured worker scored 33, placing her at high risk. As a result, she was administered urine drug screen on 11/21/14, 12/9/14, and 02/10/15. The medical records also reveals that the use of opioids was not associated with a documented evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical

treatment... Therefore, urine toxicology testing Urine Toxicology between 12/9/14 is not medically necessary since the opioid use was not medically necessary at this time.

Urine Toxicology between 4/7/15: Upheld

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

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) Urine drug testing (UDT).

Decision rationale: The injured worker sustained a work related injury on 02-12-2009. The medical records provided indicate the diagnosis of lumbar spine disc disease; displacement of lumbar intervertebral disc without myelopathy; lumbar spine radiculopathy; status post right L5-S1 laminectomy and discectomy, on 04-09-2010; status post revision laminectomy, discectomy, and posterolateral fusion L4-5 and L5-S1, on 05-08-2012; and chronic pain syndrome. Treatment to date has included medications, diagnostics, chiropractic therapy, epidural steroid injections, physical therapy, home exercise program, spinal cord stimulator trial, and surgical intervention. Medications have included Norco, Ibuprofen, Neurontin, Flexeril, Lyrica, Soma, Xanax, Omeprazole, and topical compounded creams. The medical records provided for review do not indicate a medical necessity for Urine Toxicology between 4/7/15. The MTUS recommends the drugs 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 is being treated with Opioids and based on SOAPP-R, a self-report instrument designed to predict aberrant medication-related behaviors among persons with chronic pain, the injured worker scored 33, placing her at high risk. As a result, she was administered urine drug screen on 11/21/14, 12/9/14, and 02/10/15. The medical records also reveals that the use of opioids was not associated with a documented evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment... Therefore, urine toxicology testing Urine Toxicology between 4/7/15 is not medically necessary since the opioid use is not medically necessary at this time.