

Case Number:	CM15-0145536		
Date Assigned:	08/06/2015	Date of Injury:	06/21/2011
Decision Date:	09/23/2015	UR Denial Date:	07/06/2015
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 51 year old male who sustained an industrial injury on 6-21-11. Diagnoses are chronic pain-strain of the lumbar spine, discogenic low back pain, and status post lumbar discectomy and fusion with post laminectomy syndrome. In a progress report dated 6-16-15, the treating physician notes the pain continues at the surgical site and without medication is rated out of 10 as 10 and with current medications is rated at 8. He complains of stabbing sensations radiating down the anterior aspect of the left more than right leg that occurs 3-4 times per week. No side effects from medication are reported. The objective exam notes a slow and guarded gait using a cane. Back range of motion is flexion of 20 degrees and extension of 5 degrees. The treatment plan is a urine drug screen, lumbar spine x-rays- he has not had x-rays in 2 years, referral to a functional restoration program, for evaluation, Norco and Flexeril. Work status is to remain off of work until 6-16-15. The requested treatment is a urine drug screen, x-rays of the lumbar spine, referral to a functional restoration program, Norco 10-325mg #90, and Flexeril 10mg #90.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

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 (Chronic) Urine drug testing (UDT).

Decision rationale: The injured worker sustained a work related injury on 6-21-11. The medical records provided indicate the diagnosis of chronic pain-strain of the lumbar spine, discogenic low back pain, and status post lumbar discectomy and fusion with post laminectomy syndrome. Treatments have included Medications, Massage, Physical therapy, TEN's unit. The medical records provided for review do indicate a medical necessity for: Urine Drug Screen. It should be noted that this review is for a for a one time action that has already taken place; therefore, this is a retrospective request, rather than a prospective review for something yet to be done. Based on this understanding, the medical records indicate the injured worker with a history of depression is was treated with Opioids and during a doctor's visit the doctor tested the injured workers urine to determine whether the opioids or its breakdown products are in the urine; and/ or whether the injured worker is taking a non-prescribed control substances. The absence of the opioid or its breakdown product, or the presence of an non-prescribed controlled substance is regarded as aberrant behavior and is a bases for refusal to prescribe additional opioids. Therefore, it was medically appropriate for the injured worker to undergo urine screen at that time, though the worker was later determined not to need opioids. 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 Official Disability Guidelines recommends that 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. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology.

X-rays lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.

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 6-21-11. The medical records provided indicate the diagnosis of chronic pain-strain of the lumbar spine, discogenic low back pain, and status post lumbar discectomy and fusion with post laminectomy syndrome. Treatments have included Medications, Massage, Physical therapy, TEN's unit. The medical records provided for review do not indicate a medical necessity for X-rays lumbar spine. The Medical History reveals that the injured worker had Lumbar CT scan in 04/2014. CT scan is more helpful in diagnosing spine lesions than X-ray; therefore, this request is not medically necessary, especially as the reason given for the request is that the injured worker has not had one in two years. The MTUS states, "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management."

Referral to a Functional Restoration Program: Upheld

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 Chronic pain programs (functional restoration programs) Page(s): 30.

Decision rationale: The injured worker sustained a work related injury on 6-21-11. The medical records provided indicate the diagnosis of chronic pain-strain of the lumbar spine, discogenic low back pain, and status post lumbar discectomy and fusion with post laminectomy syndrome. Treatments have included Medications, Massage, Physical therapy, TEN's unit. The medical records provided for review do not indicate a medical necessity for Referral to a Functional Restoration Program. The MTUS recommends against functional restoration program unless negative predictors of success have been addressed. The medical records indicate the injured worker has the following unresolved negative predictors of success: 1) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); 2) long duration of pre-referral disability time; 3) opioid use; 4) high pretreatment levels of pain. Also, the MTUS does not recommend functional restoration if the injured worker is being considered for surgery; but the record indicates the injured worker is being considered for a surgical procedure.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

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

Decision rationale: The medical records provided for review do not indicate a medical necessity for : Norco 10/325mg #90. The MTUS recommends the use of opioids for treatment of moderate to severe pain. The MTUS does not recommend the use long term of opioids in 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; 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 using this medication for a long time, but with no overall improvement.

Flexeril 10mg #90: Upheld

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 Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 6-21-11. The medical records provided indicate the diagnosis of chronic pain-strain of the lumbar spine, discogenic low back pain, and status post lumbar discectomy and fusion with post laminectomy syndrome. Treatments have included Medications, Massage, Physical therapy, TEN's unit. The medical records provided for review do not indicate a medical necessity for Flexeril 10mg #90. The MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic Low back pain. Cyclobenzaprine (Flexeril) is a muscle relaxant with a recommended dosing of 5- 10 mg three times a day, for not longer than 2-3 weeks. The medical records indicate the injured worker has been on this medication for some time; therefore, the requested treatment is not medically necessary as it exceeds the duration recommended by the Guidelines.