

Case Number:	CM15-0147856		
Date Assigned:	08/12/2015	Date of Injury:	12/12/2010
Decision Date:	09/21/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/29/2015

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 60 year old female, who sustained an industrial injury on 12-12-10. She reported pain in her lower back and lower extremities. The injured worker was diagnosed as having piriformis syndrome and lumbar radiculopathy. Treatment to date has included Lidoderm patch and Nucynta. On 5-22-15, the injured worker reported returning from a 3-week trip to Ireland and Scotland. She had an increase in activity but medications kept the pain tolerable. As of the PR2 dated 6-18-15, the injured worker reports ongoing burning in her feet. She rates her pain a 9 out of 10 without medications and a 4 out of 10 with medications. The treating physician noted positive numbness in the right leg with prolonged driving and an antalgic gait. The treating physician requested a follow-up visit x 3 and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visits x 3: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Office visits.

Decision rationale: The patient presents with low back pain rated 9/10 without and 4/10 with meds. The request is for Follow-up visit x 3. The request for authorization is dated 07/13/15. Provided progress reports are handwritten, difficult to read with minimal information. Overall, doing well with meds and helps with pain level. Patient's medications include Nucynta, Gralise and Lidoderm Patch. The patient's work status is not provided. ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Office visits Section states, "Recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." Per request for authorization form, dated 07/13/15, treater's reason for the request is "for medication refill." In this case, ODG guidelines recommend office visits with the primary treating physician to review patient concerns, signs and symptoms. Therefore, the request IS medically necessary.

Urine Drug Screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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) Chapter, under Urine drug testing (UDT).

Decision rationale: The patient presents with low back pain rated 9/10 without and 4/10 with meds. The request is for Urine drug screen. The request for authorization is dated 07/13/15. Overall, doing well with meds and helps with pain level. Patient's medications include Nucynta, Gralise and Lidoderm Patch. The patient's work status is not provided. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG-TWC Guidelines, Pain (Chronic) Chapter, under Urine drug testing (UDT) Section, provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Treater does not discuss the request. In this case, the patient is prescribed Nucynta, which is an opiate. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request IS medically necessary.