

Case Number:	CM15-0160580		
Date Assigned:	08/27/2015	Date of Injury:	07/23/2013
Decision Date:	09/29/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 as a caregiver and housekeeper when she was shot five times by her employer on 07-23-2013. Gunshot wounds were sustained to the right breast, abdomen, left knee (quadriceps) and left elbow. The injured worker was diagnosed with multiple gunshot trauma, irritable bowel syndrome, cervical musculoligamentous sprain and strain, thoracic musculoligamentous sprain and strain, and post-traumatic stress disorder. The injured worker was diagnosed with diabetes mellitus after the occurrence. The injured worker is status post exploratory laparotomy for bullet removal and repair, left elbow and quadriceps irrigations on July 23, 2013 and right breast bullet removal in September 2013. Treatment to date has included diagnostic testing, multiple surgeries, wound care, chiropractic therapy, acupuncture therapy, extensive physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit, psychiatric and psychological evaluations, counseling and treatment, neurological consultation, right cervical facet medial branch block at C4, C5 and C6 on May 11, 2015, home exercise program and medications. According to the primary treating physician's progress report on June 16, 2015, the injured worker continues to experience tenderness with spasm over the right side of the cervical paravertebral, right trapezius and right rhomboid muscles with facet tenderness to palpation over the right C3 through C7 spinous process with axial head compression and Spurling's signs documented as negative. Range of motion was noted as flexion at 25 degrees, extension at 55 degrees, bilateral lateral flexion normal and right lateral rotation at 65 degrees and left lateral rotation within normal limits. The thoracic spine had moderate pain described as achy and throbbing in the

right T6-T10 spine and rib area with tenderness. The injured worker rated her pain as 5 out of 10 on the pain scale. Shoulder range of motion was within normal limits and special testing was negative. The left elbow was noted to have positive lateral and medial epicondylar signs with numbness. Current medications were listed as Tramadol, Acetaminophen, Gabapentin, Alprazolam, Lexapro, Omeprazole and Metformin. Treatment plan consists of the current request for a computed Tomography (CT) of the thoracic spine and a urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan Thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Low-Back-CT (computed tomography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the back as outlined above per the ACOEM. There was no emergence of red flag. The back pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for a MRI of the thoracic spine and the request is not medically necessary.

Urine drug screen test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states: On-Going Management Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information

from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)

(d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management.

(e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control.

(f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion).

(g) Continuing review of overall situation with regard to nonopioid means of pain control.

(h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids .The patient was on opioids at the time of request and therefore the request is medically warranted.