

Case Number:	CM15-0198581		
Date Assigned:	10/14/2015	Date of Injury:	09/08/1979
Decision Date:	11/20/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 79 year old male, who sustained an industrial injury on 09-08-1979. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for status post lumbar fusion L1-S1, lumbar radiculopathy, adjacent segment disease, right L5-S1 radiculopathy "per EMG (electromyography)", and thoracic disc herniations with neural foraminal narrowing. Treatment and diagnostics to date has included lumbar spine surgeries, thoracic epidural steroid injection, spinal cord stimulator implantation and removal, lumbar spine MRI, chiropractic treatment, physical therapy, acupuncture, and use of medications. Recent medications have included Flexeril, Senna, Celebrex, Norco, Diazepam, Prilosec, Terocin patches, and Capsaicin cream. After review of progress notes dated 07-23-2015 and 08-12-2015, the injured worker reported low back pain. Objective findings included tenderness to palpation of the thoracic and lumbar spine with severe spasms and limited range of motion and decreased sensation of the right L4 dermatome. The request for authorization dated 08-12-2015 requested a follow up in 4 weeks, Cyclobenzaprine, Omeprazole, Norco, Celebrex, Senna Plus, and Med Panel. The Utilization Review with a decision date of 09-14-2015 non-certified the request for med panel related to thoracic and lumbar spine injury, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Panel related to thoracic spine and lumbar spine injury, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant has a remote history of a work injury occurring while lifting with injury to the low back occurring in September 1979. When seen, he had progressively worsening pain since May 2015. He was having frequent flare ups of pain. He was occasionally using a lumbar corset which was not providing any pain relief. He was continuing to smoke. He was having difficulty sleeping. Medications were providing 40% pain relief. Physical examination findings included an antalgic gait with forward flexed posture. There was thoracic and lumbar tenderness with severe spasms. There was significantly limited thoracic and lumbar spine range of motion. He had decreased right lower extremity strength and sensation. Medications prescribed were Norco, Celebrex, Flexeril, omeprazole, diazepam, Safe and, Terocin patches, and Senna. A medication panel was requested including 10 panel quantitative drug testing, Urine drug screening is recommended with confirmatory testing for inappropriate or unexplained results. There is no reason to perform confirmatory testing unless screening test results are inappropriate. If required, confirmatory testing should be for the questioned drugs only. In this case, quantitative test is being requested without having the results of immunoassay based screening testing. The request is not medically necessary.