MAXIMUS Federal Services

Case Number:	CM15-0208538		
Date Assigned:	10/27/2015	Date of Injury:	01/01/2015
Decision Date:	12/09/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/22/2015

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: 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 39 year old male, who sustained an industrial injury on 1-1-15. The injured worker was diagnosed as having lumbar radiculopathy and low back pain. Subjective findings (6-15-15, 7-6-15, 8-17-15 and 8-31-15) indicated back pain radiating to both legs. The injured worker rated his pain 5 out of 10 with medications and 8-9 out of 10 without medications. He also reported poor quality of sleep and decreased activity level. Objective findings (6-15-15, 7-6-15, 8-17-15 and 8-31-15) revealed loss of normal lordosis, restricted lumbar range of motion and decreased sensation over the L4-L5 dermatomes. As of the PR2 dated 9-29-15, the injured worker reports back pain radiating to his legs. He rates his pain 5 out of 10 with medications and 8 out of 10 without medications and is not currently working. Objective findings include loss of normal lordosis, restricted lumbar range of motion and decreased sensation over the L4-L5 dermatomes. Current medications include Ibuprofen, Pepcid, Ultram, Neurontin and Pamelor (since at least 4-13-15). Treatment to date has included a functional restoration program, a cervical MRI on 1-13-15 and Cyclobenzaprine. The Utilization Review dated 10-15-15, non-certified the request for a consultation with a psychologist and a urine drug screen and modified the request for Pamelor 50mg #30 to Pamelor 50mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Per MTUS guidelines, tricyclic antidepressants such as Pamelor are recommended. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. In this case, the injured worker's does of Pamelor was recently increased from 10mg to 50mg but there is no documentation of functional improvement with the increase in dosage. Additionally, the injured worker is noted to have stated that his medications "are ineffective." The request for Pamelor 50mg #30 is not medically necessary.

1 consultation with a psychologist: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. This request is for a referral to a psychologist. In this case, it is noted that the injured worker is already being followed by a psychologist and is currently participating in psychotherapy. The request for 1 consultation with a psychologist is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Screen Section.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (ODG), urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing

clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. In this case, it appears that the urine drug screen performed in September, 2015 was not warranted. The injured worker has had two other urine drug screens in 2015 (March and June). Both of these were consistent with prescribed medications. It is unclear why another urine drug screen was performed in an injured worker considered to be a low risk for abuse. The request for urine drug screen is not medically necessary.