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| Case Number: | CM15-0020583 | | |
| Date Assigned: | 02/10/2015 | Date of Injury: | 12/07/2009 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 01/26/2015 |
| Priority: | Standard | Application Received: | 02/04/2015 |

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 was a 56 year old male, who sustained an industrial injury, December 7, 2009. According to progress note of January 25, 2015, the injured workers chief complaint was back pain with radiation to the left lower leg with sharp hip pain. Severity of conditions worsens the pain, such as, standing, sitting and driving. The physical exam noted the injured worker had an abnormal gait. The injured worker was diagnosed with back pain, left leg radicular pain, small disc bulging L4-L5 and L5-S1, tear at L4-L5 and mild stenosis. The injured worker previously received the following treatments laboratory studies, epidural injections, pain medications, MRI of the lumbar spine, EMG/NCS (electromyography and nerve conduction studies) normal, January 15, 2015, the primary treating physician requested authorization for under drug testing, EKG (Electrocardiography), S1 joint injection and a prescription for Nortriptyline 25mg 3 at bedtime #90. On January 26, 2015, the Utilization Review denied authorization for under drug testing, EKG (Electrocardiography), S1 joint injection and a prescription for Nortriptyline 25mg 3 at bedtime #90. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

UDS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The 56 year old patient presents with pain and stiffness in the back, radicular pain in the left leg, and sharp pain in the hip, as per progress report dated 01/15/15. The request is for UDS. There is no RFA for this request, and the patient's date of injury is 12/07/09. Medications included Fluocinonide, Glipizide, Globetasol, Metformin, Methadone and Nortriptyline, as per progress report dated 01/15/15. The patient is status post L4-5 and L5-S1 on 03/28/12. Diagnoses included degenerative disk disease, lumbar spine, lumbar spondylosis with lower extremity radiculopathy. The patient is also status post hardware removal in February 2013. The patient's work status has been determined as permanent and stationary. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. 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. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the patient is taking methadone for pain relief. A UDS report dated 08/14/14 was consistent with opioid use, as per progress report dated 01/15/15. The treater does not document the patient's risk for opioid dependence MTUS recommends only annual testing in low-risk patients. Hence, this request IS NOT medically necessary.

EKG: Upheld

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 MedlinePlus website <http://www.nlm.nih.gov/medlineplus/ency/article/003868.htm>.

Decision rationale: The 56 year old patient presents with pain and stiffness in the back, radicular pain in the left leg, and sharp pain in the hip, as per progress report dated 01/15/15. The request is for EKG. There is no RFA for this request, and the patient's date of injury is 12/07/09. Medications included Fluocinonide, Glipizide, Globetasol, Metformin, Methadone and Nortriptyline, as per progress report dated 01/15/15. The patient is status post L4-5 and L5-S1 on 03/28/12. Diagnoses included degenerative disk disease, lumbar spine, lumbar spondylosis with lower extremity radiculopathy. The patient is also status post hardware removal in February 2013. The patient's work status has been determined as permanent and stationary. MTUS and

ACOEM guidelines do not discuss electrocardiogram. ODG guidelines discuss the procedure only in per-operative cases. MedlinePlus, a service of the U.S. National Library of Medicine, states at <http://www.nlm.nih.gov/medlineplus/ency/article/003868.htm>, that "An electrocardiogram (ECG) is a test that records the electrical activity of the heart." The report also states "An ECG is used to measure: Any damage to the heart; How fast your heart is beating and whether it is beating normally; The effects of drugs or devices used to control the heart (such as a pacemaker); The size and position of your heart chambers." An ECG is often the first test done to determine whether a person has heart disease. Your doctor may order this test if: You have chest pain or palpitations; You are scheduled for surgery; You have had heart problems in the past; You have a strong history of heart disease in the family. There is no reason for healthy people to have yearly ECG tests. In this case, the request for EKG is noted in progress report dated 01/15/15. However, the treater does not explain the purpose of the request. There is no documentation of any cardiovascular complications, apart from varicose veins. MedlinePlus states that there is no reason for healthy people to have yearly ECG tests. Hence, the request IS NOT medically necessary.

SI joint injection: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter under SI joint injections.

Decision rationale: The 56 year old patient presents with pain and stiffness in the back, radicular pain in the left leg, and sharp pain in the hip, as per progress report dated 01/15/15. The request is for SI JOINT INJECTION. There is no RFA for this request, and the patient's date of injury is 12/07/09. Medications included Fluocinonide, Glipizide, Globetasol, Metformin, Methadone and Nortriptyline, as per progress report dated 01/15/15. The patient is status post L4-5 and L5-S1 on 03/28/12. Diagnoses included degenerative disk disease, lumbar spine, lumbar spondylosis with lower extremity radiculopathy. The patient is also status post hardware removal in February 2013. The patient's work status has been determined as permanent and stationary. ODG guidelines, Low Back Chapter under SI joint injections states: "Treatment: There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block." ODG further states that, "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed." "Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH)." In this case, the patient suffers from sharp hip pain, as per progress report dated 01/15/15. In the report, the treater states "He

has had documentation of SI joint pathology based on the positive response to the SI joint injections under fluoroscopy. Predicted values near 85% with existence of the SI joint pathology." The patient has been using medications for pain relief, Physical examination reveals positive pelvic thrust right, positive FABER maneuver right, positive Gaenslen's test bilaterally, and pain on palpation over L5 and S1 facet capsules on the right. ODG guidelines also recommend sacroiliac joint injections to patients who have failed conservative care and have three positive orthopedic tests. Hence, the request IS medically necessary.

Nortriptyline 25 mg #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 Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: The 56 year old patient presents with pain and stiffness in the back, radicular pain in the left leg, and sharp pain in the hip, as per progress report dated 01/15/15. The request is for NOTRIPTYLINE 25 mg # 90. The RFA for this request is dated 01/21/15, and the patient's date of injury is 12/07/09. Medications included Fluocinonide, Glipizide, Globetasol, Metformin, Methadone and Nortriptyline, as per progress report dated 01/15/15. The patient is status post L4-5 and L5-S1 on 03/28/12. Diagnoses included degenerative disk disease, lumbar spine, lumbar spondylosis with lower extremity radiculopathy. The patient is also status post hardware removal in February 2013. The patient's work status has been determined as permanent and stationary. Regarding anti-depressants, MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) 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." (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, a prescription for Nortriptyline is first noted in progress report dated 11/20/14, and the patient has been taking the medication consistently at least since then. However, none of the progress reports document symptoms and diagnoses of depression and anxiety. There is no discussion regarding efficacy, as required by MTUS. Hence, the request IS NOT medically necessary.