

Case Number:	CM15-0210598		
Date Assigned:	10/29/2015	Date of Injury:	09/25/2003
Decision Date:	12/11/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/27/2015

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 62 year old male who sustained an industrial injury on 9-25-03. A review of the medical records indicates he is undergoing treatment for lumbago, lower extremity pain, and status post arthrodesis. Medical records (6-10-15, 7-7-15, and 9-29-15) indicate ongoing complaints of low back pain with intermittent bilateral thigh pain. The 9-29-15 record indicates that his pain is "much improved" and that he is no longer taking pain medication during the day. The physical exam (9-29-15) reveals tenderness of bilateral multifidus muscle. Lumbar spine range of motion is noted to be limited. Lasegue's tests is positive bilaterally, right greater than left. Diagnostic studies have included x-rays of the lumbar spine, as well as trigger points impedance imaging. Treatment has included localized intensive neurostimulation therapy (LINT) and medications. His medications include Tylenol #4 since, at least, 2-10-15. He is working modified duty. The treatment recommendation includes continuation of his medications, an epidural injection of the lumbar spine at L5-S1 on the left, and a urine drug screen. The utilization review (10-21-15) includes requests for authorization of a urine drug screen, an epidural steroid injection of the lumbar spine at L5-S1 on the right, and a prescription of Tylenol #4. All requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Drug testing. 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, a urine drug screen is not indicated at this time because the concurrent request for opioid medication is not supported. The request for urine drug screen is determined to not be medically necessary.

Epidural injection of the lumbar spine L5-S1 at the right: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, although there is a subjective complaint of some radicular symptoms, there is no objective evidence of radiculopathy on physical examination or with imaging studies. The request for epidural injection of the lumbar spine L5-S1 at the right is determined to not be medically necessary.

Unknown prescription of Tylenol No. 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed opioids since at least 2012 and Tylenol #4 since February-2015. There is a lack of quantifiable pain relief or objective documentation of functional improvement despite long term use. Additionally, there is no dosage or quantity information included with this request. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for unknown prescription of Tylenol No. 4 is determined to not be medically necessary.