

Case Number:	CM15-0213421		
Date Assigned:	11/03/2015	Date of Injury:	12/30/2014
Decision Date:	12/15/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/29/2015

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, Georgia

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 50 year old male with a date of injury on 12-30-2014. The injured worker is undergoing treatment for lumbar disc herniation, status post lumbar spine surgery on 07-07-2015 with residuals, and diabetes. He was seen for his diabetes on 07-29-2015 and Lantus was increased and he was started on a Novolog coverage sliding scale. He is following with a physician for his diabetes and was seen again on 08-03-2015 and 08-10-2015 for continued instruction. A physician progress note dated 08-18-2015 documents the injured worker complains of constant low back pain that is worse since his surgery. Originally his pain radiated down his right leg but since the surgery it radiates down his left leg and into all the toes of his left foot. He has a slow antalgic gait and uses a cane. He has severe limitation of lumbar range of motion and knee range of motion is restricted due to his low back pain. He has decreased sensation in the right leg in the L5-S1 dermatomes. Straight leg raise was positive. He is not working. Treatment to date has included diagnostic studies, medications, status post lumbar spine surgery on 07-07-2015, epidural steroid injections, and physical therapy. Current medications as of include Norco, Tizanidine, Naproxen and a compound analgesic cream, Novolog, and Lantus. The Request for Authorization dated 08-18-2015 includes internal medicine consult for Diabetes, pain management consultation and a urine drug screen. On 10-06-2015 Utilization Review non-certified the request for Internal Medicine consult for type 1 diabetes, Pain management consult, and Random urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: ACOEM indicates that specialty consultation may be pursued when the diagnosis is uncertain or complex or when the course of care may benefit from additional expertise. In this case, the submitted medical records do indicate need for pain management by a specialist and the request for pain management consultation is medically necessary.

Internal medicine consult for type 1 diabetes: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: ACOEM indicates that specialty consultation may be pursued when the diagnosis is uncertain or complex or when the course of care may benefit from additional expertise. In this case, the submitted medical records do indicate a need for specialty internal medicine management of type I DM and this request is medically necessary.

Random urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screen.

Decision rationale: CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk

stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, the pain medication prescribed has been stable, there is no documented plan to change or increase medication and there is no information submitted to indicate a moderate or high risk of addiction or aberrant behavior in the patient. A recent urine drug screen in September was consistent with prescribed medications. There is no medical indication for urine drug screen and the original UR denial is upheld. The request is not medically necessary.