

Case Number:	CM15-0046029		
Date Assigned:	03/18/2015	Date of Injury:	01/12/1988
Decision Date:	05/11/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/11/2015

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 is a 58 year old male, who sustained an industrial injury on 1/12/1988. Initial diagnoses included orthopedic with neck and back problems. Treatments to date have not been provided. Current diagnoses have not been provided. Per the Primary Treating Physician's Progress Report dated 1/13/2015, the injured worker reported continued problems with activities of daily living due to pain and he also reported trouble sleeping. Physical examination revealed severe, left more than right, front more than occipital, headaches. He had severe bilateral shoulder and knee pain lumbar pain was greater than cervical pain. He was using a cane. He had tenderness at the lumbar, interscapular and cervical spine. He had decreased sensation in the dermatomal distribution at the upper and lower extremities. He had tenderness at both wrists and pain with some movements. He had bilateral ankle tenderness with some swelling and pain with ankle movements. He is 100% totally disabled. The plan of care included, and authorization was requested, for a urine drug screen, computed tomography (CT) discogram and Butrans 15mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient was injured on 01/12/88 and presents with cervical spine pain and lumbar spine pain. The request is for One Urine Drug Screen. The RFA is dated 02/05/15 and the patient is disabled. The report with the request is not provided. The patient had a prior urine drug screen on 05/14/14 which indicated that he was consistent with his prescribed medications. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The 01/13/15 report states that the patient is taking Zolpidem. There is no other list of medications prescribed. The patient already had a urine drug screen conducted on 05/14/14. The treater does not explain why another UDS needs to be certified and there is no discussion regarding opiate risk management. In addition, the treater has not documented that the patient is a high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. The requested urine drug screen is not medically necessary.

One CT discogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12, Low Back Complaints, 2007, pg. 66.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official disability guidelines Low Back Lumbar & Thoracic (Acute & Chronic) chapter, Discography.

Decision rationale: The patient was injured on 01/12/88 and presents with cervical spine pain and lumbar spine pain. The request is for One CT Discogram "due to increased lumbar more than cervical pain with radiculopathy". There is no RFA provided and the patient is disabled. ACOEM guidelines p304 does not support discogram as a preoperative indication for fusion as "discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value." ODG guidelines, chapter 'Low Back Lumbar & Thoracic (Acute & Chronic)' and topic 'Discography' states that "Discography is Not Recommended in ODG. Patient selection criteria for Discography if provider & payor agree to perform anyway: (a) Back pain of at least 3 months duration (b) Failure of recommended conservative treatment including active physical therapy (c) An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection) (d) Satisfactory results from detailed psychosocial assessment (discography in subjects

with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided) (e) Intended as screening tool to assist surgical decision making, i.e., the surgeon feels that lumbar spine fusion is appropriate but is looking for this to determine if it is not indicated (although discography is not highly predictive) (Carragee, 2006) In this case, the patient has tenderness at the lumbar, interscapular, and cervical spine. He has decreased sensation in dermatomal distribution at the upper and lower extremities. The treater is now requesting discogram "due to increased lumbar more than cervical pain with radiculopathy". However, there is no discussion in relation to a possible surgical intervention. Discography is not supported for identification of pain. Therefore, the requested CT discogram is not medically necessary.

Butran 15mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Criteria for use of Opioids Page(s): 26-27, 76-78, 88-89.

Decision rationale: The patient was injured on 01/12/88 and presents with cervical spine pain and lumbar spine pain. The request is for Butran 15 mcg. The RFA is dated 01/13/15 and the patient is disabled. For chronic opioid use in general, MTUS guidelines pages 88 and 89, state, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument". MTUS, page 78, also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, times it takes for medication to work, and duration of pain relief. For buprenorphine, MTUS, pages 26-27, specifically recommends it for treatment of opioid addiction and also for chronic pain. In this case, none of the 4 A's are addressed as required by MTUS guidelines. The treater does not provide any before-and-after medication pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS guidelines. The patient had a urine drug screen on 05/14/14 and was consistent with his prescribed medications. The treating physician does not proper documentation that is required by MTUS guidelines for continued opioid use. Therefore, the requested Butrans is not medically necessary.