

Case Number:	CM15-0051985		
Date Assigned:	03/25/2015	Date of Injury:	07/30/2013
Decision Date:	05/04/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/18/2015

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: Pennsylvania, Ohio, 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 42-year-old male, with a reported date of injury of 07/30/2013. The diagnoses include lumbar disc degeneration, lumbar radiculopathy, and chronic pain, lumbar herniated nucleus pulposus with radiculopathy, left elbow contusion, and bilateral carpal tunnel syndrome. Treatments to date have included an MRI of the lumbar spine, electrodiagnostic study, oral medication, acupuncture, and an epidural. The progress report dated 01/28/2015 indicates that the injured worker complained of low back pain with radiation down the right leg with associated numbness. He rated his pain an 8 ½ out of 10. The injured worker noted functional improvement and improvement in pain with his current medication regimen. The objective findings showed tenderness to the midline of the lower lumbar spine and decreased lumbar range of motion. The treating physician requested Norco, a urine drug screen for medication compliance, and spine surgeon consultation regarding his lumbar spine pain and possible surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 100 without refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management and Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the "4 A's" of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these "4A's" of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Urine drug screen to be performed at next office visit: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: MTUS recommends drug testing as an option to assess for the use or presence of illegal drugs. A prior physician review concluded that drug testing is not medically necessary since opioids (i.e. Norco) had been non-certified. However, a period of taper from opioids will be necessary and it would be clinically appropriate to verify the absence of aberrant behavior during and shortly after this opioid taper. Therefore, this request is medically necessary.

Spine surgeon consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation Page 127.

Decision rationale: ACOEM recommends consultation with another provider if the new provider may be able to assist in managing the patient's care. The records do not clearly provide a rationale as to why the requested consultation is necessary or what clinical question would be answered given the nature and chronicity of this case; this patient previously attended a spine surgeon consultation at which non-surgical treatment was recommended and the records do not suggest a change in the patient's neurological examination or spinal stability. Therefore, this request is not medically necessary.