

Case Number:	CM15-0082383		
Date Assigned:	05/29/2015	Date of Injury:	03/08/2001
Decision Date:	07/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/29/2015

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: 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 53 year old female with an industrial injury dated 03/08/2001. The mechanism of injury is documented as a fall resulting in low back and left lower extremity pain. Her diagnoses included lumbago, thoracic or lumbosacral neuritis or radiculitis, post laminectomy syndrome of lumbar region, intervertebral disc disorder with myelopathy of lumbar region and degeneration of lumbar or lumbosacral intervertebral disc. Prior treatments included lumbar fusion, physical therapy (provided temporary benefit) acupuncture (helpful) and medications (Methadone, Norco, Oxycontin, Gabapentin and Cymbalta with no success) and epidural injections. She presents on 04/09/2015 with complaints of severe low back pain radiating into the left lower extremity. She rates her pain as 10/10 without medications and 10/10 with medications. The provider documents the injured worker will be started on Dilaudid 4 mg tabs 1 by mouth every 8 hours as needed for severe pain and continue Morphine sulfate 30 mg oral tabs one by mouth every 6-8 hours as needed for pain. The injured worker gave verbal understanding of benefits, possible side effects and agreed to be compliant in medication usage. The provider also documents there are no signs of aberrant behaviors or abuse. Urine drug screens and CURES reports were appropriate. Soma 350 mg # 30 was also requested along with urine drug screen and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 In Home Care Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7 - Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home service page(s): 51.

Decision rationale: The patient presents with low back pain radiating into the left lower extremity. The request is for 1 IN HOME CARE EVALUATION. Patient is status post spinal fusion at L3, L4, L5, 2002 (exact date not specified). Physical examination to the lumbar spine on 05/07/15 revealed tenderness to palpation over the lumbar and sacral region. Patient's diagnosis, per 04/09/15 progress report include lumbago, thoracic or lumbosacral neuritis or radiculitis, unspecified, postlaminectomy syndrome of lumbar region, intervertebral disc disorder with myelopathy, lumbar region, and degeneration of lumbar or lumbosacral intervertebral disc. Patient's medications, per 02/26/15 progress report include Medrol and Morphine Sulfate. Patient is temporarily totally disabled. MTUS Guidelines, page 51, has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home bound on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In progress report dated 05/07/15, treater's reason for the request is "patient had previously up to 20 hours per week." In the same report, the patient's goals include improve mobility, improve self-care, increase recreational activities, increase social and physical activities, housework and employment. However, there is no documentation as to why the patient is unable to perform self-care and it does not appear the patient is home bound. Without adequate diagnostic support for the needed self care such as loss of function of a limb or mobility, the request for home health care would not be indicated. MTUS guidelines are clear that home health care is for medical treatment only and does not include homemaker services. There is no documentation found in the reports provided that the patient requires medical treatment at home. This request is not in line with guideline recommendations and therefore, it IS NOT medically necessary.

Morphine Sulfate 30mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain page(s): 76-78, 88-89, 60-61.

Decision rationale: The patient presents with low back pain radiating into the left lower extremity. The request is for MORPHINE SULFATE 30 MG #180. Patient is status post spinal fusion at L3, L4, L5, 2002 (exact date not specified). Physical examination to the lumbar spine on 05/07/15 revealed tenderness to palpation over the lumbar and sacral region. Patient's diagnosis, per 04/09/15 progress report include lumbago, thoracic or lumbosacral

neuritis or radiculitis, unspecified, postlaminectomy syndrome of lumbar region, intervertebral disc disorder with myelopathy, lumbar region, and degeneration of lumbar or lumbosacral intervertebral disc. Patient's medications, per 02/26/15 progress report include Medrol and Morphine Sulfate. Patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "pain 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 4As (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, time it takes for medication to work and duration of pain relief. MTUS pages 60 and 61 state the following: "before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Patient has received prescriptions for Morphine Sulfate from 05/01/14 and 05/07/15. UR letter dated 04/22/15 has modified the request from #180 to #37. In this case, treater has not discussed how Morphine Sulfate significantly improves patient's activities of daily living. The treater does not document measurable increase in activities of daily living due to prolonged opioid use. Urine analysis test results dated 04/14/15 were consistent with patient's medications. However, the 4As have not been properly addressed. There are no discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. No opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Dilaudid 4mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain radiating into the left lower extremity. The request is for DILAUDID 4 MG #90. Patient is status post spinal fusion at L3, L4, L5, 2002 (exact date not specified). Physical examination to the lumbar spine on 05/07/15 revealed tenderness to palpation over the lumbar and sacral region. Patient's diagnosis, per 04/09/15 progress report include lumbago, thoracic or lumbosacral neuritis or radiculitis, unspecified, postlaminectomy syndrome of lumbar region, intervertebral disc disorder with myelopathy, lumbar region, and degeneration of lumbar or lumbosacral intervertebral disc. Patient's medications, per 02/26/15 progress report include Medrol and Morphine Sulfate. Patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "pain 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 4As (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, time it takes for medication to work and duration of pain relief. Treater has not provided a reason for the request. In this case, treater has not documented how Dilaudid reduces

pain and improves patient's activities of daily living. The 4As have not been addressed properly, and adequate documentation has not been provided including numeric scales and functional measures that show significant improvement. No opioid pain agreement or CURES reports have been provided either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

1 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

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 presents with low back pain radiating into the left lower extremity. The request is for URINE DRUG SCREEN. Patient is status post spinal fusion at L3, L4, L5, 2002 (exact date not specified). Physical examination to the lumbar spine on 05/07/15 revealed tenderness to palpation over the lumbar and sacral region. Patient's diagnosis, per 04/09/15 progress report include lumbago, thoracic or lumbosacral neuritis or radiculitis, unspecified, postlaminectomy syndrome of lumbar region, intervertebral disc disorder with myelopathy, lumbar region, and degeneration of lumbar or lumbosacral intervertebral disc. Patient's medications, per 02/26/15 progress report include Medrol and Morphine Sulfate. Patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: 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. Treater has not provided a reason for the request. In review of the medical records provided, the patient had several urine screening tests, from 11/20/14 to 04/14/15. Urine drug screening for proper opiates monitoring is recommended per MTUS and ODG on an annual basis. However, the guidelines do not support routine urine drug screening tests. Therefore, the request IS NOT medically necessary.