

Case Number:	CM14-0116635		
Date Assigned:	08/04/2014	Date of Injury:	05/11/2001
Decision Date:	10/09/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 59 year-old male was reportedly injured on May 11 2001. The most recent progress note, dated June 10, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated "no significant changes in the overall physical examination", there is a well healed surgical scar, no evidence of scoliosis, and tenderness to palpation. Decreased sensation is noted and left lower extremity a positive straight leg raising is reported. Diagnostic imaging studies objectified the surgical changes. Previous treatment includes lumbar surgery, multiple medications, physical therapy, a dorsal column stimulator, electrodiagnostic assessment and pain management interventions. A request had been made for medications and was not certified in the pre-authorization process on July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR 5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids and Recommenda.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, & 97 of 127.

Decision rationale: MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in their pain level or function based on the physical examination reported with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not medically necessary.

Toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure summary last updated 5/15/14, Urine Drug Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) criteria for use of opioids, page 78

Decision rationale: Drug testing is recommended as an option when there is a need to assess for the presence of illegal substances, drug diversions, uncontrolled drug escalation or other parameters. Based on the multiple progress notes reviewed, the overall clinical situation is stable with no noted improvement. As such, there is no clear clinical indication presented for the medical necessity of this testing. Therefore, the request is not medically necessary.

DNA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 6/10/14; and <http://learn.genetics.utah.edu/content/addiction/genetics/learn.genetics.utah.edu>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42 of 127.

Decision rationale: There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation and it is commonly understood that inflammation plays a key role in injuries and chronic pain. Cellular mechanisms are ultimately involved in the inflammatory process and healing, and the molecular machinery involves cellular signaling proteins or agents called cytokines. As such, there is insufficient clinical information presented to support the medical necessity of such an intervention. Therefore, the request is not medically necessary

Referral to internal medicine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 5/15/14

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 127

Decision rationale: As noted in the guidelines, a consultation is noted if the diagnosis is uncertain or extremely complex, when psychosocial factors are present in that the plan or course of care may benefit from additional expertise. However, there are no complaints relative to the gastrointestinal system and a blood pressure issues noted. Therefore, there is insufficient clinical information presented to support this request for additional consultation. Therefore, the request is not medically necessary.

Office visit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 of 127.

Decision rationale: As outlined in the guidelines, each determination of additional office visits is based on the clinical information reviewed. It is noted this individual continues with a spinal cord stimulator, is using multiple medications, and has pain complaints. Therefore, there appears to be a medical necessity for continued follow up. The request is medically necessary.