

Case Number:	CM14-0162945		
Date Assigned:	10/08/2014	Date of Injury:	12/08/1997
Decision Date:	12/19/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/03/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 64-year-old male with a 12/8/97 date of injury. The patient underwent lumbar laminectomy and discectomy in the past. The patient was seen on 9/23/14 with complaints of persistent, 8/10 low back pain. The patient stated that Fentanyl patch and Wellbutrin worked better than morphine. Exam findings revealed spasm and stiffness in the lumbar paraspinal muscles and tenderness in the lumbar facet joints. The muscle strength was 5/5 in the bilateral lower extremities, and SLR test was negative. The diagnosis is post-laminectomy syndrome, chronic lower back pain, sacroilitis, insomnia and depression secondary to pain. A plain radiographs of the pelvis dated 10/7/14 were unremarkable with mild degenerative changes of the lumbosacral spine. Treatment to date includes: lumbar surgery, work restrictions, multiple injections, physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random Urine Drug Screen to be done at Least 6 Times a Year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing;Urine testing in in ongoing opiate management Page(s): 43;78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. Frequency - Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse including over-sedating, drug intoxication, motor vehicle crash, other accidents and injuries, driving while intoxicated, premature prescription renewals, self-directed dose changes, lost or stolen prescriptions, using more than one provider for prescriptions, non-pain use of medication, using alcohol for pain treatment or excessive alcohol use, missed appointments, hoarding of medications and selling medications). However there is a lack of documentation indicating that the patient had aberrant behavior or was in the risk for addiction or illegal drugs use. In addition the Guidelines recommend to perform a UDS test randomly at least twice and up to 4 times a year and at termination. Lastly, there is no rationale indicating why the patient needed a UDS test at least 6 times a year. Therefore, the request for Random Urine Drug Screen to be done at Least 6 Times a Year is not medically necessary.

Consult: Orthotic Consult for the Right Heel Lift: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Clinical Topics: Chapter 6- Independent Medical Examinations and Consultations, (pp 127, 156)

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The request for an orthotic consult for the right heel was due to length discrepancy that possibly caused increased pain in the patient's right hip. However, there is a lack of documentation indicating the measurements of these discrepancies. In addition, the radiographs of the pelvis dated 10/7/14 revealed no evidence of fracture or dislocation. Therefore, the request for Orthotic Consult for the Right Heel Lift is not medically necessary.

Psychology Consultation times 8-10 Follow Up Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Consult and Treatment Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Office Visits

Decision rationale: ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In addition, CA MTUS states that psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. The progress notes indicated that the patient was depressed and it was noted that the patient was utilizing antidepressant medication. However, there is a lack of documentation indicating that the patient had psychological or psychiatric treatments in the past. In addition, the UR decision dated 9/15/14 modified the request and certified a psychological evaluation for the patient. Therefore, the request for Psychology Consultation times 8-10 Follow Up Visits is not medically necessary.

Fentanyl Patches 50 Mcg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Fentanyl Transdermal System; Opiates Page(s): 45;78-81.

Decision rationale: Fentanyl is an Opioid analgesic with a potency eighty times that of morphine. CA MTUS Chronic Pain Medical Treatment Guidelines states that Duragesic (Fentanyl Transdermal system) is indicated in the management of chronic pain in patients who require continuous Opioid analgesia for pain that cannot be managed by other means, but is not recommended as a first-line therapy. The progress notes indicated that Fentanyl patch and Wellbutrin worked better than morphine for the patient. However, the records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although Opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Fentanyl Patches 50 Mcg #10 is not medically necessary.