MAXIMUS Federal Services

Case Number:	CM14-0216145		
Date Assigned:	02/09/2015	Date of Injury:	05/23/2011
Decision Date:	06/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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, Arizona
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 49-year-old female, who sustained an industrial injury on May 23, 2011. The mechanism of injury was cumulative trauma. She has reported back pain radiating to the right lower extremity and left knee with associated numbness, tingling, burning and aching. The diagnoses have included depression, lumbar disc degenerative disease, psychosexual dysfunction, tobacco use, lumbosacral spondylosis without myelopathy, spinal stenosis, of the lumbar region, muscle pain, spasm, displacement of lumbar intervertebral disc without myelopathy, dysthymia, chronic pain, abnormal gait, thoracic radiculitis, low back pain and insomnia. Treatment to date has included radiographic imaging, diagnostic studies, pain medications, conservative therapies and work modifications. Currently, per the documentation of 11/26/14, the injured worker complained of back pain radiating to the right lower extremity and left knee with associated numbness, tingling, burning and aching. Without pain medications, the injured worker's pain score was 10/10 and with medication, it was a 7/10. Without medications, the injured worker had to stay in bed all day and with medications, the injured worker was able to perform minimal activities at home and have contact with friends. The injured worker had a pain contract on file and had undergone drug screens. The injured worker reported an industrial injury in 2011, resulting in chronic low back pain as noted above. She has failed multiple conservative therapies and requires pain medications to maintain functional ability. On October 2, 2014, evaluation revealed continued pain however, the pain was noted as more stable allowing her to recapture her activities of daily living. It was noted that two physician has agreed she was a poor surgical candidate. A spinal cord stimulator was requested and pain medications were

continued. On December 8, 2014, Utilization Review non-certified a request for EIA9 w/alcohol+Rflx urne, Buprenorphine (Suboxone) serum, Oxycodone and metabolite serum and cyclobenzaprine, serum and plasma, noting the MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIA9 with alcohol and rflx urine: Upheld

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

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

Decision rationale: The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation the injured worker had documented issues of abuse, addiction, or poor pain control. The rflx urine would not be supported. The referenced guidelines, however, do not address alcohol testing. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that in addition to detecting ethanol in urine following acute exposure, there is a test for more remote exposure. The clinical documentation submitted for review failed to provide a rationale for the request. Given the above, the request for EIA9 with alcohol and rflx urine is not medically necessary.

Buprenlophine (Subuxone) serum: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing (UDT).

Decision rationale: The Official Disability Guidelines indicate that injured workers at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy, and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. Additionally, confirmatory testing allows for identification and quantification of specific drug substances and are used to confirm the presence of a drug and/or to identify a drug that cannot be isolated by screening tests. There was a lack of documentation indicating the rationale for the request. Given the above, the request for buprenorphine (Suboxone) serum is not medically necessary.

Oxycodone & metabolite serum: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing (UDT).

Decision rationale: The Official Disability Guidelines indicate that injured workers at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy, and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. Additionally, confirmatory testing allows for identification and quantification of specific drug substances and is used to confirm the presence of a drug and/or to identify a drug that cannot be isolated by screening tests. There was a lack of documentation indicating the rationale for the request. Given the above, the request for oxycodone & metabolite serum is not medically necessary.

Cyclobenzprine, serum/plasma: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing (UDT).

Decision rationale: The Official Disability Guidelines indicate that injured workers at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy, and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. Additionally, confirmatory testing allows for identification and quantification of specific drug substances and are used to confirm the presence of a drug and/or to identify a drug that cannot be isolated by screening tests. There was a lack of documentation indicating the rationale for the request. Given the above, the request for cyclobenzaprine, serum/plasma is not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna guidelines.

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

Decision rationale: The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide the injured worker had documented issues

of addiction or abuse, or poor pain control. Given the above, the request for a urinalysis is not medically necessary.

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review failed to provide the documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for a lumbar brace is not medically necessary.

Permanent shower bars installed (not suction): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, Shower grab bars.

Decision rationale: The Official Disability Guidelines indicate that shower grab bars are considered a self-help device. They are not primarily medical in nature, and as such, would not meet guideline recommendations. Given the above, and the lack of documentation, the request for permanent shower bars installed (not suction) is not medically necessary.

Retro urine drug scren, DOS: 11.26.14: 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 Ongoing Management Page(s): 78.

Decision rationale: The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide the injured worker had documented issues

of addiction or abuse, or poor pain control. Given the above, the request for a Retro urine drug screen, DOS: 11.26.14 is not medically necessary.