

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0074354 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 02/25/2013 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 05/06/2014 |
| Priority: | Standard | Application Received: | 05/22/2014 |

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old, male who sustained a work related injury on 2/25/13. The diagnoses have included lumbar herniated nucleus pulposus, lumbar radiculopathy and status post lumbar surgery. The treatments have included oral medications, topical cream, pool therapy, and acupuncture. In the PR-2 dated 4/17/14, the injured worker complains of moderate low back pain. The treatment plan is to request pool therapy, medications and a urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 12 Pool Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: The injured worker sustained a work related injury on 2/25/13. The medical records provided indicate the diagnosis of lumbar herniated nucleus pulposus, lumbar

radiculopathy and status post lumbar surgery. The treatments have included oral medications, topical cream, pool therapy, and acupuncture. The medical records provided for review do not indicate a medical necessity for Prospective Request for 12 Pool Therapy Sessions. Pool therapy (Aquatic therapy), is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Both this and the land based therapy follow the physical medicine Guideline. The Physical medicine guideline recommends a for fading of treatment frequency (from up to 3 visits per week to 1 or less), for a total of 10 visits plus active self-directed home Physical Medicine.

Prospective Request for 1 Prescription of Xanax 1Mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The injured worker sustained a work related injury on 2/25/13. The medical records provided indicate the diagnosis of lumbar herniated nucleus pulposus, lumbar radiculopathy and status post lumbar surgery. The treatments have included oral medications, topical cream, pool therapy, and acupuncture. The medical records provided for review do not indicate a medical necessity for Prospective Request for 1 Prescription of Xanax 1Mg #60. Xanax (Alprazolam), benzodiazepine sedative hypnotic. The MTUS recommends against long term use of this class of medications beyond 4 weeks because long-term efficacy is unproven and the risk of dependence.

Prospective Request for 1 Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Pain (Chronic)Urine drug testing (UDT).

Decision rationale: The injured worker sustained a work related injury on 2/25/13. The medical records provided indicate the diagnosis of lumbar herniated nucleus pulposus, lumbar radiculopathy and status post lumbar surgery. The treatments have included oral medications, topical cream, pool therapy, and acupuncture. The medical records provided for review do indicate a medical necessity for Prospective Request for 1 Urine Drug Screen. The medical records indicate the injured worker's medications include Xanax and Norco; the injured worker suffers from anxiety and depression, but he has no history of alcohol or substance abuse. He had urine drug screen in 11/12/13; 02/17/14; 04/17/14; 09/2014; 04/2015. The 11/12/13 result was negative for Hydrocodone, a prescribed medication. Based on these information, he is most likely at moderate risk for addiction/aberrant behavior. The Official Disability Guidelines recommends the following for people at moderate risk" point-of-contact screening 2 to 3 times a

year with confirmatory testing for inappropriate or unexplained results". Moderate risk includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. Therefore, it is medically necessary to have ordered the urine drug screen for this worker with comorbid psychiatric problems, and who may not have been taking the medications consistently.