

Case Number:	CM14-0085807		
Date Assigned:	07/23/2014	Date of Injury:	05/24/2002
Decision Date:	05/28/2015	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 51 year old man sustained an industrial injury on 5/24/2002. The mechanism of injury is not detailed. Diagnoses include lumbar radiculopathy, post-lumbar laminectomy syndrome, and lumbar spine degenerative disc disease. Treatment has included oral medications. Physician notes dated 5/7/2014 show complaints of low back pain that is described as unchanged. Recommendations include continue current medication regimen, Cymbalta, stop Silenor, exercise as tolerated, stretch, stop smoking, and follow up in four weeks. It was noted that the worker completed the [REDACTED] laboratory BRQ assessment during this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 [REDACTED] laboratory BRQ (Brief Risk Questionnaire) assessment 5/7/14: 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 <http://www.ncbi.nlm.nih.gov/pubmed/25901482>.

Decision rationale: Pursuant to the Journal of opioid management, retrospective [REDACTED] lab the BRQ brief risk questionnaire assessment May 7, 2014 is not medically necessary. Opioids remain a common method of treating chronic pain conditions despite some controversy. In an effort to address some of the risks of opioid medications, opioid risk assessment has become a standard of care when opioids are used to treat a chronic pain condition. Research to date has found that many currently available patient-completed written questionnaires are relatively poor at identifying which patients will engage in medication aberrant behavior in the future. In this study, a new brief patient-completed risk tool, the Brief Risk Questionnaire (BRQ), was created and compared with a structured clinical interview and two commonly used patient-completed risk assessment tools: the Opioid Risk Tool (ORT) and Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP-R). The different risk assessment measures were administered to 454 patients at a pain clinic and their prediction of medication aberrant behavior at 6-month follow-up was compared. Results found that the BRQ was able to predict future medication aberrant behavior better than the other two patient-completed risk measures and almost as well overall as a structured clinical interview rating system. This study indicates that the BRQ could be a useful new tool for clinicians in conducting opioid risk assessment. In this case, the injured worker's working diagnoses are lumbar radiculopathy; post lumbar laminectomy syndrome; and spinal/lumbar degenerative disc disease. Subjectively, according to a May 7, 2014 progress note, the pain level has remained unchanged as last visit. There are no new problems or side effects. The injured worker's current medications are senna, Cymbalta, Norco, Lunesta, kadian, doxazocin, simvastatin, aspirin, Effient, and nitrostat. The treatment plan states the injured worker is one week late for regular follow-up, did not run out of medications and there continues to be a delay in authorization for medications. There are no new pain complaints and the injured worker reports continued functional benefit with medications. Reportedly, the injured worker has a pain contract in effect, one physician prescribes all medications and the injured worker agrees to use only medications recommended by the provider. There are no issues in the medical record regarding opiate use. There is no documentation in the medical record indicating the injured worker is at high risk for drug misuse or abuse and there is no aberrant drug-related behavior. Consequently, absent clinical documentation of drug misuse or abuse with a risk profile available through a detailed history and a clinical indication or rationale for [REDACTED] BRQ brief risk questionnaire, retrospective [REDACTED] lab BRQ brief risk questionnaire assessment May 7, 2014 is not medically necessary.