

Case Number:	CM15-0006670		
Date Assigned:	01/26/2015	Date of Injury:	09/30/1998
Decision Date:	03/18/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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 53 year old female, who sustained an industrial injury on 9/30/1998. She complained of low back pain with radiation to bilateral lower extremities. The diagnoses have included lumbar facet arthropathy, degenerative disc disease, lumbosacral sprain, strain, and lumbar radiculopathy. Treatment has included naproxen, Norco, Fentanyl patch, Valium, topical, home exercise, and lumbar transforaminal epidural steroid injections. Currently, the Injured Worker complains of back pain rated 4-9/10 VAS, The pain improves with laying down, heat, and medication. Physical examination revealed increased pain with lumbar extension, and tenderness over facet joints and a positive right side straight leg raise. Plan of care included continuing previously prescribed medications, home exercise, and moist heat. On 12/24/2014 Utilization Review non-certified a toxicology screen, noting the documentation did not support that the injured worker was at high risk. The Utilization Review modified certification for Fentanyl 25 mcg patch #4, noting the documentation should support pain relief and increased functional support for continued use. The MTUS and ODG Guidelines were cited. On 1/12/2015, the injured worker submitted an application for IMR for review of Toxicology screen and Fentanyl 25mcg patch #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Toxicology Screening (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioid Page(s): 22; 79.

Decision rationale: The injured worker sustained a work related injury on 9/30/1998. The medical records provided indicate the diagnosis of lumbar facet arthropathy, degenerative disc disease, lumbosacral sprain, strain, and lumbar radiculopathy. Treatment to date has included naproxen, topical analgesics, home exercise, and lumbar transforaminal epidural steroid injections. The medical records provided for review do not indicate a medical necessity for Toxicology Screen. The records indicate the injured worker had this test in 06/2014 and 09/2014, and the injured worker does not have high risk for opioid abuse. Although the MTUS recommends drug testing, it does not say how often. The Official Disability Guidelines recommends that the frequency of urine drug testing be based on risk stratification including. Therefore, patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter; Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening, 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Moderate risk patients include patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and patients with comorbid psychiatric condition. Patients at 'high risk' of adverse outcomes may require testing as often as once per month. This includes individuals with active substance abuse disorders.

Fentanyl 25mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 9/30/1998. The medical records provided indicate the diagnosis of lumbar facet arthropathy, degenerative disc disease, lumbosacral sprain, strain, and lumbar radiculopathy. Treatment to date has included naproxen, topical, home exercise, and lumbar transforaminal epidural steroid injections. The medical records provided for review do not indicate a medical necessity for Fentanyl 25mcg #15. The MTUS recommends discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances; continuing pain with the evidence of intolerable adverse effects. The records indicate the injured worker's pain has been worsening.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Use for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 9/30/1998. The medical records provided indicate the diagnosis of lumbar facet arthropathy, degenerative disc disease, lumbosacral sprain, strain, and lumbar radiculopathy. Treatment to date has included naproxen, topical, home exercise, and lumbar transforaminal epidural steroid injections. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #120. The MTUS recommends discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances; continuing pain with the evidence of intolerable adverse effects. The records indicate the injured workers pain has been worsening. The requested treatment is not medically necessary and appropriate.