

Case Number:	CM15-0011094		
Date Assigned:	01/29/2015	Date of Injury:	06/06/2005
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/21/2015

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: 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 51-year-old female who reported injury on 06/06/2005. The mechanism of injury was not provided. The injured worker was noted to utilize hydrocodone, tramadol and naproxen as of at least 04/2014. The injured worker was being monitored for aberrant drug behavior through urine drug screens. The documentation of 12/03/2014 revealed the injured worker was utilizing hydrocodone 7.5 mg twice a day, tramadol 50 mg twice a day, and naproxen twice a day. The injured worker denied side effects. The injured worker had subjective complaints of right wrist and hand pain, cervical pain, low back pain, and right shoulder pain. The injured worker had a positive Tinel's and Phalen's on the left. The injured worker had diminished sensation in the median nerve distribution on the left. The Jamar on the left provided no greater than 5 pounds on 3 attempts. There was tenderness in the cervical and lumbar spine. Range of motion was limited. The injured worker had a positive straight leg raise at 45 degrees on the left and at 50 degrees on the right and had pain to the foot. There was tenderness in the right shoulder diffusely. The diagnoses included protrusion C3-4 and C5-6 with foraminal stenosis, right median neuropathy, lumbar myofascial pain, and acromioclavicular osteoarthropathy with partial tear right. The treatment plan included a lumbar spine orthosis to provide stability and facilitate improved tolerance to walking and standing and for activities of daily living. Continuation of a TENS unit and medications including hydrocodone 7.5 mg twice a day #120 2 month supply and tramadol 50 mg twice a day as well as naproxen 550 mg twice a day. The injured worker underwent urine drug screens. The original date of request for the lumbar spine orthosis was on 10/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

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 indicated the request was made to improve the injured worker's tolerance to standing and walking and to facilitate activities of daily living. The injured worker was in the chronic phase of injury. As such, there was a lack of documentation of exceptional factors to warrant non adherence to guideline recommendations. This request would not be supported. Given the above, the request for LSO brace is not medically necessary.

Hydrocodone 7.5/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The documentation submitted for review indicated the injured worker had no side effects and was being monitored for aberrant drug behavior. However, the clinical documentation failed to indicate objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for hydrocodone 7.5/325 mg #120 is not medically necessary.

One (1) random toxicology screen: 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 indicate the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for One (1) random toxicology screen is not medically necessary.