

Case Number:	CM15-0013664		
Date Assigned:	02/02/2015	Date of Injury:	03/31/2013
Decision Date:	03/19/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/23/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial injury on March 31, 2013, following a fall at work. The diagnoses have included L4-L5, L5-S1 left sided herniated disc, left knee internal derangement, left knee chondromalacia patella and medial/lateral meniscus tears, and status post left knee surgery. Treatment to date has included left knee arthroscopy, acupuncture, physical therapy, bracing and medication. Currently, the injured worker complains of low back pain with numbness and intermittent radiation to the left leg, and left knee symptomatic. The Primary Treating Physician's report dated November 17, 2014, noted the injured worker with an antalgic gait, using a cane for assistance with ambulation. The lumbar spine was noted to have tenderness with palpation in the paraspinal musculature of the lumbar region bilaterally, with midline tenderness noted and positive muscle spasm. Decreased sensation in the L4 and L5 dermatomal levels was noted with decreased pin sensation in the foot dorsum and posterolateral calf bilaterally. The injured worker received an intramuscular injection of 1cc of Depo Medrol and 2cc of Kenalog, tolerating the procedure well with no complications noted. On December 26, 2014, Utilization Review non-certified retrospective requests for intramuscular injection of 1cc of Depo Medrol and 2cc Kenalog for the date of service November 17, 2014, and a urinalysis for the date of service November 17, 2014. The UR Physician noted there was no clear indication why the injured worker required a parenteral dose of medication, and no documentation that oral pain medications had tried and failed to address pain complaints, therefore the retrospective request for intramuscular injection of 1cc of Depo Medrol and 2cc Kenalog for the date of service November 17, 2014, was non-certified, citing the

Official Disability Guidelines (ODG). The UR Physician noted that partial certification was recommended for a 10-panel random urine drug screen for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed on inconsistent results times one for the date of service of November 17, 2014, citing the Official Disability Guidelines (ODG). On January 23, 2015, the injured worker submitted an application for IMR for review of retrospective requests for intramuscular injection of 1cc of Depo Medrol and 2cc Kenalog for the date of service November 17, 2014, and a urinalysis for the date of service November 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective intramuscular injection of 1 cc of Depo Medrol and 2 cc Kenalog, DOS: 11/17/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lower Back section, Corticosteroids

Decision rationale: The MTUS Guidelines do not address oral or parenteral administration of steroids for the treatment of pain. The ODG, however, states that steroid may be recommended in limited circumstances for acute radicular low back pain, but does not recommended steroids for acute non-radicular pain (i.e. axial pain) or chronic pain. Criteria for the Use of corticosteroids (oral/parenteral for low back pain) includes: (1) Patients should have clear-cut signs and symptoms of radiculopathy; (2) Risks of steroids should be discussed with the patient and documented in the record; (3) The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record; (4) Current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. In the case of this worker, he was experiencing chronic low back pain with radiation to his left leg and was not experiencing an acute flare-up of radicular pain, but was recommended intramuscular injection of Depo Medrol and Kenalog. Also, there was no evidence of a discussion of the risks and minimal benefits of corticosteroid injections for chronic pain as this was not documented in the note available for review. Therefore, the Depo Medrol and Kenalog intramuscular injection will be considered medically unnecessary to due non-compliance of the Guidelines.

Retrospective Urinalysis DOS: 11/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, AND Opioids pp. 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, although he had been using opioids chronically leading up to this request for a urine drug screen, there was no evidence found from the documented history that there was any abnormal behavior or tests which would have brought on suspicion for abuse. Therefore, frequent screening is not appropriate or medically necessary, based on the evidence found in the notes available for review.