

Case Number:	CM15-0118131		
Date Assigned:	06/26/2015	Date of Injury:	03/13/2010
Decision Date:	09/17/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/18/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 sustained a work related injury March 13, 2010. Past history included s/p C3-4 ACDF (anterior cervical discectomy and fusion), s/p C5-C6 TDA (total disc arthroplasty) and C6-7 anterior cervical discectomy and fusion September 2011, and s/p L5-S1 fusion (non-industrial). According to a primary treating physician's progress report, dated May 22, 2015, the injured worker presented for medication management. She complains of neck pain associated with headaches, 8-9/10, with medication which increases to a 1/10 without medication. She reports right shoulder pain, 0/10 with medication and 8/10 without medication, with numbness in the bilateral arms. She is recently s/p left sacroiliac joint fusion 4/22/2015. She complains of sacroiliac joint pain 10/10 with and without medication and numbness extending from the bilateral knees down to the feet. An x-ray of the pelvis dated May 12, 2015, revealed left sacroiliac joint fusion, with hardware in good position with no loosening. Bone graft is seen in the left sacroiliac joint. Her medication enables her to perform activities of daily living; bathing, dressing, grooming, toileting, walking, shopping, cooking, housework, and laundry. Current medication included Oxycodone and Fentanyl patch. Diagnoses are C3-4 spondylolisthesis grade I facet arthropathy; left sacroiliac joint dysfunction; C5-6 and C6-7 disc degeneration and stenosis; bilateral C7 radiculopathy; right shoulder impingement syndrome. At issue is the request for authorization for monthly follow-up with pain medical management, Oxycodone, Fentanyl patch, urine drug screen, and a four week follow-up with an orthopedic spine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly follow-up evaluations with a pain med specialist (medication management):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary Online Version last updated 4/6/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 IME and Consultation, page 127.

Decision rationale: The patient is a 51 year old female with an injury on 03/13/2010. She had a C3-C4 anterior discectomy with fusion. She had a C5-C5 total disc arthroplasty and a C6-C7 anterior discectomy with fusion in 09/2011. She also had a non-industrial L5-S1 fusion. On 04/22/2015 she had a left sacroiliac fusion. She does activities of daily living. The injury was in 2010 and she no longer requires specialized care for monthly medication management. She does not meet MTUS, ACOEM criteria for specialized consultation on a monthly basis. The request is not medically necessary.

Oxycodone 20mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 51 year old female with an injury on 03/13/2010. She had a C3-C4 anterior discectomy with fusion. She had a C5-C5 total disc arthroplasty and a C6-C7 anterior discectomy with fusion in 09/2011. She also had a non-industrial L5-S1 fusion. On 04/22/2015 she had a left sacroiliac fusion. She does activities of daily living. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The request is not medically necessary.

Fentanyl Patch 100mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78-79.

Decision rationale: The patient is a 51 year old female with an injury on 03/13/2010. She had a C3-C4 anterior discectomy with fusion. She had a C5-C5 total disc arthroplasty and a C6-C7 anterior discectomy with fusion in 09/2011. She also had a non-industrial L5-S1 fusion. On 04/22/2015 she had a left sacroiliac fusion. She does activities of daily living. Although topical the Fentanyl patch provides systemic opiate treatment. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 4/6/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Tests.

Decision rationale: The patient is a 51 year old female with an injury on 03/13/2010. She had a C3-C4 anterior discectomy with fusion. She had a C5-C5 total disc arthroplasty and a C6-C7 anterior discectomy with fusion in 09/2011. She also had a non-industrial L5-S1 fusion. On 04/22/2015 she had a left sacroiliac fusion. She does activities of daily living. "Relatively weak evidence supports the effectiveness of opioid treatment agreements and urine drug testing in reducing opioid misuse by patients with chronic pain." Starrels JL, et al. Systemic Review: Treatment Agreements and Urine Drug Testing to Reduce Opioid Misuse in Patients with Chronic Pain. Ann Intern Med 2010; 152: 712-720. The requested urine drug test is not consistent with ODG. The request is not medically necessary.

Four week follow up evaluation with an orthopedic spine specialist (medication monitoring): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary Online Version last updated 4/6/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 IME and Consultation, page 127.

Decision rationale: The patient is a 51 year old female with an injury on 03/13/2010. She had a C3-C4 anterior discectomy with fusion. She had a C5-C5 total disc arthroplasty and a C6-C7 anterior discectomy with fusion in 09/2011. She also had a non-industrial L5-S1 fusion. On 04/22/2015 she had a left sacroiliac fusion. She does activities of daily living. The injury was in 2010 and she no longer requires specialized care for monthly medication management. She does not meet MTUS, ACOEM criteria for specialized consultation on a monthly basis. Neither the orthopedist nor the pain management specialist is needed for monthly medication monitoring despite the request for both. The request is not medically necessary.