

Case Number:	CM15-0119666		
Date Assigned:	07/10/2015	Date of Injury:	01/07/2013
Decision Date:	08/18/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/22/2015

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, Florida, California

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 male who sustained an industrial injury on 01/07/2013. Mechanism of injury occurred while working in a trench and part of the trench fell in on him, and after treatment and progressing from light duty to regular duty he had another injury when using a jackhammer and exacerbated his symptoms. Diagnoses include multilevel lumbar discogenic disease, spinal stenosis, facet arthropathy, chronic low back pain bilaterally, and positive response to lower lumbar facet procedures, and radiofrequency neurotomy for the right lower lumbar5 facet joints. Treatment to date has included diagnostic studies, mediations, status post right lumbar medial branch block in March of 2014 and were approved for a left lumbar medial branch block on 04/22/2015, but by that time his right side was worse than the left so a right sided lumbar medial branch block was done. His medications remain effective and the injured worker reports approximately 30% reduction and/or decrease in pain levels and functional benefits include substantial assistance with activities of daily living, mobility and restorative sleep. A physician progress note dated 04/30/2015 documents the injured worker complains of pain in the left lower lumbar spine. He has tenderness of the lumbar paraspinals muscles and the underlying facet joints on both sides, left greater than right. Pain radiates down to the buttocks on both sides. He has been on Norco for a long time and has been at 2 to 3 per day. He was asked to reduce the Norco to 1-1/2 to 2 per day. The prescription was written for #60 instead of #75. The treatment plan included a urine drug screen. Treatment requested is for Follow up visit for DOS 5/29/15, MMI evaluation with a re-evaluation every 90 days, Norco 10/325mg #60, Urine toxicology screening for DOS 5/29/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured in 2013 with diagnoses that include multilevel lumbar discogenic disease, spinal stenosis, facet arthropathy, chronic low back pain bilaterally, and positive response to lower lumbar facet procedures, and radiofrequency neurotomy for the right lower lumbar5 facet joints. Treatment to date has included diagnostic studies, mediations, status post right lumbar medial branch block in March of 2014 and was approved for a left lumbar medial branch block on 04/22/2015. The request is for opiate medicine. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Urine toxicology screening for DOS 5/29/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 43 of 127.

Decision rationale: As noted, this claimant was injured in 2013 with diagnoses which include multilevel lumbar discogenic disease, spinal stenosis, facet arthropathy, chronic low back pain bilaterally, and positive response to lower lumbar facet procedures, and radiofrequency neurotomy for the right lower lumbar5 facet joints. Treatment to date has included diagnostic studies, mediations, status post right lumbar medial branch block in March of 2014 and was approved for a left lumbar medial branch block on 04/22/2015. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of

illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately not medically necessary under MTUS criteria.

Follow up visit for DOS 5/29/15: 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 Official Disability Guidelines (ODG) Low back, Office visits.

Decision rationale: As shared, this claimant was injured in 2013 with diagnoses include multilevel lumbar discogenic disease, spinal stenosis, facet arthropathy, chronic low back pain bilaterally, and positive response to lower lumbar facet procedures, and radiofrequency neurotomy for the right lower lumbar5 facet joints. Treatment to date has included diagnostic studies, mediations, status post right lumbar medial branch block in March of 2014 and was approved for a left lumbar medial branch block on 04/22/2015. Regarding office visits and specifically a follow up visit, the MTUS is silent. The ODG notes that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, it is not clear what functional objective improvements are being achieved, and what would be added by a repeat office visit. The request is appropriately not medically necessary.

MMI evaluation with a re-evaluation every 90 days: 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 Official Disability Guidelines (ODG) Low back, Office visits.

Decision rationale: This claimant was injured in 2013 with diagnoses include multilevel lumbar discogenic disease, spinal stenosis, facet arthropathy, chronic low back pain bilaterally, and positive response to lower lumbar facet procedures, and radiofrequency neurotomy for the right lower lumbar5 facet joints. Treatment to date has included diagnostic studies, mediations, status post right lumbar medial branch block in March of 2014 and was approved for a left lumbar medial branch block on 04/22/2015. Maximal Medical Improvement evaluations are not automatic and repetitive. They are based on solid clinical judgment that the patient has improved to the degree possible, and then to assess the patient with an MMI exam. As shared previously, the need for a clinical office visit even for an MMI evaluation with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, it is not clear what is being achieved with repetitive maximal improvement exams. The request is not medically necessary.