

Case Number:	CM15-0124459		
Date Assigned:	08/12/2015	Date of Injury:	06/12/2012
Decision Date:	09/15/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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, New York
 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 28 year old male, who sustained an industrial injury on June 12, 2012. He reported an injury to his low back. Treatment to date has included diagnostic imaging, work restrictions, physical therapy, pain management consultation, lumbar epidural steroid injection, and opioid medications. The injured worker was evaluated on June 5, 2015. He complains of low back pain and right lower extremity pain. He reports radiation of pain to the right lower extremity with associated numbness and tingling in the posterior lateral thigh, leg and lateral right foot. He reports increasing anxiety and depression. His pain is aggravated with prolonged walking, standing and sitting, with bending and with lifting heavy objects. The injured worker reports that his medications reduce his pain by 65% and he has functional gain with activities of daily living, mobility and restorative sleep. On physical examination the injured worker has tenderness to palpation over the paraspinal region at L4 and pain with range of motion of the lumbar spine. He has a negative compression test and straight leg raise test. The diagnoses associated with the request include disorder of the back, disorder of the right-side of the trunk, displacement of the lumbar intervertebral disc without myelopathy and lumbago. The treatment plan includes urine drug screen, alprazolam, Norco, cyclobenzaprine and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Follow up DOS: 6/5/2015: 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) Office visits, low back.

Decision rationale: The request is considered not medically necessary. Office follow-ups are recommended according to ODG guidelines as MTUS does not cover this issue. However, timing of follow-ups should be "individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment". It is difficult to determine how often follow-ups are needed until each case is assessed and reviewed with the goal being self-care and independence from the health care system. It was documented that the provider had nothing more to offer him after his medications were denied. Therefore, the request is not medically necessary.

Retro Urine drug screen DOS: 6/5/2015: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 78.

Decision rationale: The request for a retro urine drug screen is considered medically necessary. The patient's medications included opioids and in order to monitor effectively, the 4 A's of opioid monitoring needed to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. The patient was on opiates previously so it is reasonable to monitor with urine drug screens. Therefore, I am reversing the prior UR decision and consider this request to be medically necessary.

Norco 10/325mg #120: Upheld

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

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

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is not medically necessary.

Follow up in 30 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) Office visits, Low back.

Decision rationale: The request is considered not medically necessary. Office follow-ups are recommended according to ODG guidelines as MTUS does not cover this issue. However, timing of follow-ups should be "individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment". It is difficult to determine how often follow-ups are needed until each case is assessed and reviewed with the goal being self-care and independence from the health care system. It was documented that the provider had nothing more to offer him after his medications were denied. Therefore, the request is not medically necessary.