

Case Number:	CM15-0129109		
Date Assigned:	07/15/2015	Date of Injury:	05/12/2003
Decision Date:	08/20/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/03/2015

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

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 male, who sustained an industrial injury on 5/12/03. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar postlaminectomy syndrome; lumbago; non-union fracture. Treatment to date has included status post spinal fusion L3-5 with posterior segmental instrumentation L3-5 (207); status post failed lumbar fusion with revision/removal of implant and placement of an interbody spacer/posterior fusion L3-L5 (1/21/14); physical therapy; medications. Diagnostics studies included CT scan Lumbar spine (1/19/15); MRI lumbar spine (3/4/15). Currently, the PR-2 notes dated 5/7/15 indicated the injured worker presents for medication refills and sore throat. Onset of sore throat two days and associated symptoms are noted. He complains of his back pain that is persistent in the lower back. He describes this pain as an ache and sharp with symptoms aggravated by daily living activities. The symptoms are relieved by pain medications. The provider is requesting authorization of EIA 10+ Alcohol, Fentanyl screen urine w/reflex, performed 5/7/15; Methadone EIA urine, performed 5/7/15; Methadone EIA urine, performed 5/7/15 and Pain Management Consultation and Follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation and follow up: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

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

Decision rationale: The patient presents with low back and right knee pain. The request is for pain management consultation and follow-up. The request for authorization is dated 06/05/15. X-ray of the lumbar spine, 09/10/14, shows stable expected postoperative changes status post fusion L3-L5. X-ray of the lumbar spine, 11/05/14, shows no change in postoperative appearance, status post L3-5 fusion. CT of the lumbar spine, 01/19/15, shows anterior and posterior spinal fusion L3-L5; moderate bilateral foraminal narrowing L5-S1. MRI of the lumbar spine, 03/04/15, shows mild multilevel degenerative disc changes. Physical examination of the lumbar spine reveals posterior tenderness. Limited range of motion of the back. Weakness both legs. Abnormal gait. Unable to flex right knee beyond 100 degrees. Limited functional capabilities. Ambulation diminished. Lifting, bending very limited. Pain, swelling, decreased range of motion right knee also limits ambulation. Symptoms are relieved by pain meds/drugs. Patient's medications include Hydroxyzine, Lansoprazole, Coumadin, Lidoderm, Oxycodone, Valium, Trazodone, Fentanyl. The patient's work status is not provided. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Per progress report dated 04/07/15, treater's reason for the request is "referral for epidural injection, lumbar spine." In this case, the patient continues with persistent low back pain radiating to both legs. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Pain Management Consultation and Follow Up. Given the patient's condition, the request for a Consultation appears reasonable. Therefore, the request is medically necessary.

EIA 10+ Alcohol, Fentanyl screen urine w/reflex, performed 5/7/15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Urine drug testing (UDT).

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

Decision rationale: The patient presents with low back and right knee pain. The request is for EIA 10+ alcohol, fentanyl screen Urine w/reflex, performed 5/7/15. The request for authorization is dated 06/05/15. X-ray of the lumbar spine, 09/10/14, shows stable expected postoperative changes status post fusion L3-L5. X-ray of the lumbar spine, 11/05/14, shows no change in postoperative appearance, status post L3-5 fusion. CT of the lumbar spine, 01/19/15, shows anterior and posterior spinal fusion L3-L5; moderate bilateral foraminal narrowing L5-S1.

MRI of the lumbar spine, 03/04/15, shows mild multilevel degenerative disc changes. Physical examination of the lumbar spine reveals posterior tenderness. Limited range of motion of the back. Weakness both legs. Abnormal gait. Unable to flex right knee beyond 100 degrees. Limited functional capabilities. Ambulation diminished. Lifting, bending very limited. Pain, swelling, decreased range of motion right knee also limits ambulation. Symptoms are relieved by pain meds/drugs. Patient's medications include Hydroxyzine, Lansoprazole, Coumadin, Lidoderm, Oxycodone, Valium, Trazodone, Fentanyl. The patient's work status is not provided. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Per progress report dated 05/07/15, treater's reason for the request is "methadone found on UDS from last visit." In this case, it appears the patient's UDS results are inconsistent with prescribed medications. ODG states that once yearly screening is sufficient for "chronic opiate use in low risk patient." The patient is currently utilizing Oxycodone and Fentanyl, both opiates. Given the prior inconsistent UDS results, an EIA 10+ Alcohol, Fentanyl Screen Urine w/Reflex, performed on 05/07/15 appears to have been necessary. Therefore, this request was medically necessary.

Methadone EIA urine, performed 5/7/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

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

Decision rationale: The patient presents with low back and right knee pain. The request is for Methadone EIA urine, performed 5/7/15. The request for authorization is dated 06/05/15. X-ray of the lumbar spine, 09/10/14, shows stable expected postoperative changes status post fusion L3-L5. X-ray of the lumbar spine, 11/05/14, shows no change in postoperative appearance, status post L3-5 fusion. CT of the lumbar spine, 01/19/15, shows anterior and posterior spinal fusion L3-L5; moderate bilateral foraminal narrowing L5-S1. MRI of the lumbar spine, 03/04/15, shows mild multilevel degenerative disc changes. Physical examination of the lumbar spine reveals posterior tenderness. Limited range of motion of the back. Weakness both legs. Abnormal gait. Unable to flex right knee beyond 100 degrees. Limited functional capabilities. Ambulation diminished. Lifting, bending very limited. Pain, swelling, decreased range of motion right knee also limits ambulation. Symptoms are relieved by pain meds/drugs. Patient's medications include Hydroxyzine, Lansoprazole, Coumadin, Lidoderm, Oxycodone, Valium, Trazodone, Fentanyl. The patient's work status is not provided. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Per progress report dated 05/07/15, treater's reason for the request is "methadone found on UDS from last visit." In this case, it appears the patient's UDS results are inconsistent with

prescribed medications. ODG states that once yearly screening is sufficient for "chronic opiate use in low risk patient." Per progress report dated 06/02/15, treater notes, "patient states wife has been giving him her methadone." Given the prior inconsistent UDS results, a Methadone EIA Urine, performed on 05/07/15 appears to have been necessary. Therefore, this request was medically necessary.