

Case Number:	CM15-0171922		
Date Assigned:	09/14/2015	Date of Injury:	11/20/2008
Decision Date:	10/29/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/01/2015

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: 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:

This is a 58 year old male with a date of injury on 11-20-2008. A review of the medical records indicates that the injured worker is undergoing treatment for potential psychological issues, cervical canal stenosis C4-5, C5-6, C6-7 and C7-T1, foraminal narrowing C3-4, C4-5 and C6-7, cervical facet arthropathy, lumbar radiculopathy and status post microlumbar decompressive surgery. Medical records (5-22-2010 to 8-17-2015) indicate ongoing neck pain, mid back pain and low back pain. He rated his low back pain eight out of ten with radiation of pain, numbness and weakness into his bilateral lower extremities. He rated his neck pain seven out of ten with intermittent cramping. He reported radiation of pain into his bilateral upper extremities. It was noted that the injured worker was paying out of pocket for his medications. The injured worker had right facial paralysis. The physical exam (5-22-2015 to 8-12-2015) reveals tenderness to palpation to the cervical, thoracic and lumbar paraspinals and bilateral sacroiliac joints. Range of motion of the cervical, thoracic and lumbar spine was decreased in all planes. Treatment has included lumbar surgery, 18 sessions of acupuncture, 25 sessions of physical therapy, magnetic resonance imaging (MRI) and medications (Norco since at least 2-9-2015). The original Utilization Review (UR) (8-27-2015) non-certified requests for Norco; urine drug screen; blood drug screen; basic metabolic panel (BMP) and 12 sessions of acupuncture. Utilization Review modified a request for Duloxetine 30mg #30 with one refill to Duloxetine 30mg #30. Utilization Review certified a request for one behavioral psychotherapy referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The MTUS recommends Norco for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time-limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 5/325mg #150 is not medically necessary.

1 Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical records that a urine drug screen was to be used for any of the above indications. Urine drug screen is not medically necessary.

1 Blood drug screen: 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) Pain (Chronic), Opioids, indicators for addiction & misuse.

Decision rationale: The Official Disability Guidelines recommend urine drug screening for indicators listed below. Serum drug screening is not listed as a recommend test. Indicators and predictors of possible misuse of controlled substances and/or addiction: 1. Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state.

2. Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3. Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opioid issues. 4. Adverse behavior: (a) Selling prescription drugs, (b) Forging or modifying prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations, chewing long acting agents or using prescribed opioids for other conditions), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources, (g) obtaining opioids from multiple physicians
Blood drug screen is not medically necessary.

1 BMP (Basic Metabolic Panel), serum or plasma: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: According to the MTUS, the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The requested test is not listed as recommended to monitor a patient on the current drug regimen and there is no documentation in the medical record that the laboratory studies were to be used for any of the above indications. 1 BMP (Basic Metabolic Panel), serum or plasma is not medically necessary.

Duloxetine 30mg #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

Decision rationale: The Official Disability Guidelines recommend Cymbalta as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). The patient has documented neuropathic pain. The previous reviewer modified the request to exclude the refill. I am reversing the previous utilization review decision. Duloxetine 30mg #30 with 1 refill is medically necessary.

12 Sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 18 sessions of acupuncture. An additional 12 sessions will exceed the number allowed by the MTUS. 12 Sessions of acupuncture is not medically necessary.