

Case Number:	CM15-0172564		
Date Assigned:	09/14/2015	Date of Injury:	06/29/2006
Decision Date:	11/02/2015	UR Denial Date:	07/29/2015
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:

The injured worker is a 39 year old male who sustained an industrial injury on 06-29-2006. Diagnoses include lumbar radiculopathy, chronic pain syndrome, neuropathic pain, post laminectomy syndrome and multiple sclerosis. Physician progress note dated 01-28-2015 to 05-22-2015 documents the injured worker complains of pain in his low back which is sharp in nature and there is associated weakness and radiation to his left hip and rates his pain as 8 out of 10 with 0 being no pain and 10 being the worst pain imaginable. He has left forearm pain and hand pain which he describes as numb. He rates this pain as 6 out of 10. He also has complaints of difficulty going to sleep and staying asleep, and has depression, anxiety and emotional distress due to his pain, and chronic fatigue. His current medications include Copaxone subcutaneous injections three times a week. Failed medications include Neurontin, Morphine, Soma, Percocet, Baclofen and Fentanyl patch. He has an antalgic gait. He has previously undergone detoxification programs in 2013 and again in July of 2014. As of 04-02-2015 he is off all his medications except Copaxone injections, medicinal marijuana and Midrin 1 table twice a day as needed. On 04-02-2015 he also is complaining of increased pain in his left groin and lower thoracic wall and rib cage pain with muscle spasms, and sharp stabbing shooting pain with is mechanical in nature and neuropathic in nature. Treatment to date has included diagnostic studies, medications, acupuncture, nerve stimulator trial, status post L5-S1 spinal fusion, and prior use of a Transcutaneous Electrical Nerve Stimulation unit, chiropractic sessions, medication detoxification, lumbar epidural steroid injections, and physical therapy. On 07-29-2015 the Utilization Review non-certified the requested treatment one one-time saliva DNA testing, one initial urine drug screen, one comprehensive NESP-R detoxification for the first 2 weeks and one baseline functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One comprehensive NESP-R detoxification for the first 2 weeks: 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), Chronic pain programs (functional restoration programs).

Decision rationale: The NESP Program is a chronic pain program (functional restoration program) that involves treating the six aspects of the chronic pain and addiction experience: NESP is an acronym. The N stands for Nutrition, the E for Emotional/Psychological, S for Social/Financial and the P for Physical. The NESP-R program (R stands for Revised in 2010 to meet MTUS guidelines applicable to workers compensation patients) is a program that targets patients with chronic pain or who were started on prescription opioids for pain; that are now either addicted or dependent on opioid (opioid) medications. Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The medical record does not contain documentation of the above criteria. One comprehensive NESP-R detoxification for the first 2 weeks is not medically necessary.

One initial urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain: Urine Drug Testing.

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. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. The drug screen requested falls within the criteria listed above. I am reversing the previous utilization review decision. One initial urine drug screen is medically necessary.

One baseline functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty: Functional Capacity Evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, case management is hampered by complex issues and the timing is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. There is no documented failed return to work attempts. One baseline functional capacity evaluation is not medically necessary.

One one-time saliva DNA testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Screener and Opioid Assessment for Patients with Pain (SOAPP) (Akbik, 2006).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cytokine DNA Testing for Pain.

Decision rationale: There is currently no evidence-based, peer-reviewed guidelines recommending genetic testing to determine hereditary predisposition to the addiction of narcotics. There is currently no evidence-based guideline supporting that the knowledge of a patient's genetic propensity to addiction would change or guide the treatment in any way. A similar situation using cytokine DNA testing for pain is referenced in the MTUS Chronic Pain guidelines and is not recommended. One one-time saliva DNA testing is not medically necessary.