MAXIMUS Federal Services

Case Number:	CM15-0178522		
Date Assigned:	09/18/2015	Date of Injury:	01/14/1984
Decision Date:	10/29/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/10/2015

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: Massachusetts
Certification(s)/Specialty: Anesthesiology, Pain Management

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 67 year old male sustained an industrial injury on 1-15-84. Documentation indicated that the injured worker was receiving treatment for lumbar post laminectomy syndrome, brachial neuritis and displacement of lumbar intervertebral disc without myelopathy. Previous treatment included lumbar surgery x 3, spinal cord stimulator trial, injections and medications. In a pain management re-evaluation dated 7-20-15, the injured worker complained of "severe" pain in the low back and down both lower extremities, associated with weakness. The injured worker stated that he was bedridden most of the time and spent his days at home in pain. The injured worker was frustrated due to recent insurance denials. A lumbar epidural steroid injection had been approved; however, the injured worker was on Coumadin and necessary medications to bridge the injured worker while off Coumadin for the epidural steroid injection had been denied. Physical exam was remarkable for lumbar spine with palpable muscle spasms, "minimal" extension and forward flexion to 25 degrees, bilateral lower extremity with numbness in the right thigh and leg, weakness in all major muscle groups on the right as compared to the left, absent reflexes in both knees and ankles and equivocal straight leg raise bilaterally. The injured worker had difficulty with toe walk and heel walk, balancing on the right side and getting up from a seated position. The treatment plan included lumbar magnetic resonance imaging, continuing medications (Lyrica, Celebrex, Zolpidem, Lexapro and Norco), a course of physical therapy, a routine urine drug screen and an injectable anticoagulant alternative to previously denied Lovenox. On 8-11-15, Utilization Review noncertified a request for a urine drug screen and injectable anticoagulant alternative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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, Urine Drug Screen.

Decision rationale: Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Indications for UDT: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new injured worker who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the injured worker asks for a specific drug. This is particularly the case if this drug has high abuse potential, the injured worker refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the injured worker has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. See Opioids, indicators for addiction & misuse. Ongoing monitoring: (1) If a injured worker has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. See Opioids, tools for risk stratification & monitoring. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. According to the documents available for review, the injured worker meets none of the aforementioned MTUS criteria for the use of urine drug testing. Therefore, at this time, the requirements for treatment have not been met, and medical necessity has not been established.

Injectable anticoagulant alternative: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Prevention, Cornerstones of Disability Prevention and Management.

Decision rationale: The ACOEM Chapter 2 on General Approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of an injectable anticoagulant alternative without a specified dose or frequency. Therefore, at this time, the requirements for treatment have not been met, and medical necessity has not been established.