

Case Number:	CM15-0178871		
Date Assigned:	09/21/2015	Date of Injury:	05/19/1998
Decision Date:	10/28/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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 67 year old female, who sustained an industrial injury on 5-19-1998. The records submitted for this review did not include the details regarding the initial injury. Diagnoses include chronic low back pain, lumbar disc degenerative disease, chronic pain syndrome, chronic neck pain, depression and anxiety. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, completion of a Functional Restoration Program and psychotherapy. Currently, she complained of chronic low back pain. Current medications listed included Norco, MS ER, Seroquel, and gabapentin. Medications were noted to increased functional ability. On 7-29-15, the physical examination documented no acute physical findings. The plan of care included ongoing medication therapy. The appeal requested authorization for one (1) year risk management. The Utilization Review dated 8-13-15, stating a "lack of supporting information."

IMR ISSUES, DECISIONS AND RATIONALES

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

One year of risk management: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Urine Drug Screen.

Decision rationale: The 67 year old patient complains of chronic low back pain, as per progress report dated 07/29/15. The request is for one year of risk management. The RFA for this case is dated 07/30/15, and the patient's date of injury is 07/22/99. Diagnoses, as per progress report dated 07/29/15, included chronic low back pain, chronic pain syndrome, lumbosacral degenerative disc disease, chronic neck pain, depression and anxiety. Medications included Norco, Morphine sulfate, Gabapentin, and Seroquel. The low back pain is rated at 4-5/10, as per progress report dated 07/07/15. As per progress report dated 04/10/15, the patient has low back pain, rated at 8/10, radiating to lower extremities, rated at 9/10. The patient is working for about 20 hours per week, as per progress report dated 07/07/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, p77, criteria for use of opioids Section, under Opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain Chapter under Urine Drug Screen 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. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, none of the reports describe the request or its purpose. The Utilization Review denied it due to lack of requested additional information including a detailed outline or description of the program. A specific guideline cannot be cited for this request because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment but the request in this case was too generic and might conceivably refer to any number of medical conditions and guideline citations. While additional information would have been helpful, the patient is taking opioids including Norco and Morphine sulfate. Hence, the treater conceivably may be requesting for toxicology screening to assess the patient's risk of opioid dependence. As per progress report dated 04/10/15, the patient did undergo urine drug screening during the visit. However, none of the subsequent reports discuss the results of this test. Additionally, the treating physician does not provide the patient's opioid dependence risk based on past testing. MTUS only supports annual testing in low risk patients. Given the lack of relevant documentation, the request is not medically necessary.