

Case Number:	CM15-0021385		
Date Assigned:	02/10/2015	Date of Injury:	06/07/1999
Decision Date:	06/03/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/04/2015

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 46 year old male, who sustained an industrial injury on 6/7/99. The mechanism of injury was not noted. The diagnoses have included lumbar discopathy with disc displacement status post lumbar fusion, lumbar radiculopathy, and sacroiliac arthropathy. Treatment to date has included medications by mouth, compounded creams topically and lumbar surgery. Currently, as per the physician progress note dated 12/29/14, the injured worker is status post lumbar fusion with hardware removal. He continues to complain of pain in the bilateral sacroiliac joints that radiates down the bilateral lower extremities with numbness and tingling. He also complains of swelling over the surgical incision site in the low back. He reports that medications and compound creams are somewhat helpful in alleviating the pain. The current medications included Nalfon, Paxil, Prilosec, Ultram ER, Norco and Topical compounded cream. The objective findings revealed positive swelling in the upper pole of the lumbar incision with fibrous nodules noted over the bilateral sacroiliac joints associated with tenderness to palpation. There is tenderness over the lumbar muscles, decreased lumbar range of motion secondary to pain, positive tenderness to palpation over the bilateral sacroiliac joints, positive Fabere's/Patrick's tests and positive supine straight leg raise bilaterally. The sensation is diminished to light touch and pinprick bilaterally. There was no recent diagnostics submitted with the records. There was also documentation that was submitted that was difficult to decipher. Work status was to remain off work temporary totally disabled. The physician requested treatments included Urine toxicology testing and Paxil 20mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction; Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine toxicology testing is not medically necessary and appropriate.

Paxil 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: MTUS Medical Treatment Guidelines do not recommend Cymbalta, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Paxil 20mg, #60 is not medically necessary and appropriate.