

Case Number:	CM15-0029476		
Date Assigned:	02/24/2015	Date of Injury:	02/26/2014
Decision Date:	04/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/18/2015

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: Emergency 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 60 year old female who sustained an industrial injury on 02/26/2014. Current diagnoses include lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. Previous treatments included medication management, physical therapy, chiropractic therapy, and home exercise program. Report dated 02/04/2015 noted that the injured worker presented with complaints that included low back pain which radiates to her left groin and left thigh down to the back of the knee. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Medication regimen includes Norco. Utilization review performed on 02/17/2015 non-certified a prescription for Medrol dose pack and urine drug testing, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dosepak: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The requested Medrol Dosepack, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), The American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines, 2nd Edition, 2004. Chapter 12, Low Back Complaints, Table 12-8, p. 308: "In the absence of evidence, it is suggested that oral administration is preferable due to lower invasiveness and costs. It is recommended that only one course (5 to 14 days) of oral medication be prescribed for a given episode of radicular pain." The injured worker has low back pain which radiates to her left groin and left thigh down to the back of the knee. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings, including a left straight leg raising test, decreased Left L3-5 sensation and positive L4-S1 facet tenderness. The treating physician has not documented the medical necessity for this steroid in a chronic pain condition. The criteria noted above not having been met, Medrol dosepack is not medically necessary.

Urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, Drug testing.

Decision rationale: The requested urine drug testing, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has low back pain which radiates to her left groin and left thigh down to the back of the knee. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings, including a left straight leg raising test, decreased Left L3-5 sensation and positive L4-S1 facet tenderness. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine drug testing is not medically necessary.