

Case Number:	CM15-0038209		
Date Assigned:	03/06/2015	Date of Injury:	12/08/2009
Decision Date:	04/20/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/01/2015

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: 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 59 year old male, who sustained an industrial injury on 12/8/09. On 3/1/15, the injured worker submitted an application for IMR for review. The treating provider has reported the injured worker complained of low back and gluteal pain that radiates to the bilateral thighs, ankles and feet. The pain is described as burning, numbness and sharp which are relieved by heat, lying down, rest, and pain medication. The diagnoses have included lumbar spondylosis without myelopathy; chronic pain syndrome; thoracic and lumbosacral radiculopathy. Treatment to date has included status post spinal cord stimulator (no date); lumbar laminectomy (2010); lumbar fusion surgery (2011). Also diagnostic studies to date included: x-ray lumbar spine (10/18/11), Doppler venous study 98/18/11, ultrasound of abdomen (3/3/10), and CT lumbar spine without contrast (3/8/12). A Utilization Review was completed on 2/10/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen (UDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: Based on the 01/26/15 progress report provided by treating physician, the patient presents with low back and gluteal pain that radiates to the bilateral thighs, ankles and feet, rated 3/10 with and 7/10 without medications. The request is for URINE DRUG SCREEN. Patient is status post lumbar laminectomy 2010 and lumbar fusion surgery 2011. Patient's diagnosis on 01/26/15 includes lumbar spondylosis without myelopathy and chronic opioid analgesic therapy (COAT). Patient's medications include Norco, Nortriptyline, Hydrochlorothiazide, Trazodone, Atenolol, and Aspirin. Treatment to date has included spinal cord stimulator, date unspecified, imaging studies and oral medications. The patient is permanent and stationary and has last worked in 2009, per treater report dated 01/26/15. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing 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. Per progress report dated 01/26/15, treater states "the patient is due for UDS and laboratory studies which we ordered today." The patient is currently utilizing Norco and Trazodone. No prior toxicology results were provided for review, as UDS was performed on 01/26/15. ODG states that once yearly screening is sufficient for 'chronic opiate use in low risk patient.' The requested urine drug screen appears reasonable and in accordance with guidelines. Therefore, the request WAS medically necessary.

Labs: CHEM 19, CBC, EIA 9, Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines periodic lab monitoring Drug testing Page(s): 70, 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: Based on the 01/26/15 progress report provided by treating physician, the patient presents with low back and gluteal pain that radiates to the bilateral thighs, ankles and feet, rated 3/10 with and 7/10 without medications. The request is for LABS: CHEM 19, CBC, EIA 9, URINALYSIS. Patient is status post lumbar laminectomy 2010 and lumbar fusion surgery 2011. Patient's diagnosis on 01/26/15 includes lumbar spondylosis without myelopathy and chronic opioid analgesic therapy (COAT). Patient's medications include Norco, Nortriptyline, Hydrochlorothiazide, Trazodone, Atenolol, and Aspirin. Treatment to date has included spinal cord stimulator, date unspecified, imaging studies and oral medications. The patient is permanent and stationary, and has last worked in 2009, per treater report dated 01/26/15. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC

and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing 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. Per progress report dated 01/26/15, treater states "the patient is due for UDS and laboratory studies which we ordered today." ODG states that once yearly screening is sufficient for 'chronic opiate use in low risk patient.' The patient is currently utilizing Norco and Trazodone. Since no prior toxicology results were provided for review, UDS performed on 01/26/15 appears to have been necessary. However, the request for a repeat urinalysis and EIA9 is not warranted without opiate risk assessment. Furthermore, treater has not provided reason for the requesting laboratory studies, and there are no prior laboratory test results for review. It does not appear that the patient is currently on NSAIDs therapy or concomitant medications, for which lab monitoring to measure liver and transaminases would be warranted. There are no subjective presentations or objective findings related to the presence of inflammatory disorder or a liver disease. The request is not in accordance with guidelines. Therefore, this request IS NOT medically necessary.

Nortriptyline HCL 25mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Specific antidepressants Page(s): 14 and 16 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant medications Page(s): 13-15.

Decision rationale: Based on the 01/26/15 progress report provided by treating physician, the patient presents with low back and gluteal pain that radiates to the bilateral thighs, ankles and feet, rated 3/10 with and 7/10 without medications. The request is for NORTRIPTYLINE HCL 25MG #90. Patient is status post lumbar laminectomy 2010 and lumbar fusion surgery 2011. Patient's diagnosis on 01/26/15 includes lumbar spondylosis without myelopathy and chronic opioid analgesic therapy (COAT). Treatment to date has included spinal cord stimulator, date unspecified, imaging studies and oral medications. Patient's medications include Norco, Nortriptyline, Hydrochlorothiazide, Trazodone, Atenolol, and Aspirin. Per treater report dated 10/03/14, the patient has an Oswestry score of 48%, which indicates severe disability. The patient is permanent and stationary, and has last worked in 2009, per treater report dated 01/26/15. MTUS page 13 states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." Nortriptyline has been included in patient's medications, per treater reports

dated 08/08/14, 10/03/14, and 01/26/15. Per progress report dated 08/08/14, based on the American Quality of Life Scale, without medications " the patient is able to get dressed in the morning and perform minimal activities at home," whereas with medications "the patient is able to work/volunteer limited hours and take part in limited social activities on weekend." In this case, given the patient's continued pain, diagnosis and documented efficacy as required by guidelines, the request appears reasonable. Therefore, the request IS medically necessary.

Norco/Acetaminophen-Hydrocodone 10-325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing opioid use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: Based on the 01/26/15 progress report provided by treating physician, the patient presents with low back and gluteal pain that radiates to the bilateral thighs, ankles and feet, rated 3/10 with and 7/10 without medications. The request is for NORCO/ ACETAMINOPHEN - HYDROCODONE 1--325MG #90. Patient is status post lumbar laminectomy 2010 and lumbar fusion surgery 2011. Patient's diagnosis on 01/26/15 includes lumbar spondylosis without myelopathy and chronic opioid analgesic therapy (COAT). Treatment to date has included spinal cord stimulator, date unspecified, imaging studies and oral medications. Patient's medications include Norco, Nortriptyline, Hydrochlorothiazide, Trazodone, Atenolol, and Aspirin. Per treater report dated 10/03/14, the patient has an Oswestry score of 48%, which indicates severe disability. The patient is permanent and stationary, and has last worked in 2009, per treater report dated 01/26/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per treater reports dated 08/08/14, 10/03/14, and 01/26/15. Per progress report dated 08/08/14, based on the American Quality of Life Scale, without medications " the patient is able to get dressed in the morning and perform minimal activities at home," whereas with medications "the patient is able to work/volunteer limited hours and take part in limited social activities on weekend." In this case, treater has provided numerical scales and validated instruments to address analgesia. However, treater has not stated how Norco improves patient's activities of daily living with specific examples showing significant functional improvement. Per progress report dated 12/01/14, UDS, CURES and pain agreement were done on 07/09/14, but UDS results have not been provided. There are no discussions pertaining to aberrant behavior, adverse effects, etc. MTUS requires appropriate discussion of the 4A's. Given lack of documentation, the request IS NOT medically necessary.