MAXIMUS Federal Services

Case Number:	CM15-0071016		
Date Assigned:	04/27/2015	Date of Injury:	02/23/2007
Decision Date:	07/03/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old male, who sustained an industrial injury on 02/23/2007. According to a progress report dated 04/02/2015 the injured worker was seen for chronic lumbar spine pain. Treatment to date has included physical therapy, a lumbar epidural steroid injection and TENS. His lower back pain was worsening and radiated to the left and right ankle, left and right calf, left and right foot and left and right thigh. Pain was rated 10 on a scale of 0-10 without medications and 6 with medications. The injured worker recorded how much pain had interfered with his activities of daily living using a scale of 0-10 in the last month at a level 9. With medications, he was able to get dressed in the morning, minimal activities at home and contact with friends via email and phone. Current medication regimen included Gemfibrozil, Amlodipine, Niacin, Potassium Chloride ER, Furosemide, Lisinopril, Hydrochlorothiazide, Metoprolol Tartrate, Terazosin, Ropinirole, Naproxen, Hydrocodone/Acetaminophen, Gabapentin and Avinza. Diagnoses included low back pain, knee pain, long-term current use of opiate analgesic, restless leg syndrome, depressive disorder not elsewhere classified, chronic pain due to trauma, abnormal involuntary movements, radiculopathy thoracic or lumbosacral and postlaminectomy syndrome of unspecified region. The treatment plan included lab work, refill medications and acupuncture. Currently under review is the request for Hydrocodone and metabolite serum, complete blood cell count, Morphine serum, EIA9 with alcohol+RFLX urine and acupuncture x 10 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone and Metabolite, Serum: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids Page(s): 43; 77-80.

Decision rationale: The injured worker sustained a work related injury on 02/23/2007. The medical records provided indicate the diagnosis of low back pain, knee pain, long-term current use of opiate analgesic, restless leg syndrome, depressive disorder not elsewhere classified, chronic pain due to trauma, abnormal involuntary movements, radiculopathy thoracic or lumbosacral and postlaminectomy syndrome of unspecified region. Treatments have included physical therapy, a lumbar epidural steroid injection and TENS. The medical records provided for review do not indicate a medical necessity for Hydrocodone and Metabolite, Serum. The MTUS recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Neither the MTUS nor the Official Disability guidelines recommends the serum testing for controlled substances; rather, they recommend pill counting, gathering information from family members and from other providers, including getting prescribing information from pharmacies. The request is not medically necessary.

CBC (complete blood count) (includes Diff/Pit): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 70.

Decision rationale: The injured worker sustained a work related injury on 02/23/2007. The medical records provided indicate the diagnosis of low back pain, knee pain, long-term current use of opiate analgesic, restless leg syndrome, depressive disorder not elsewhere classified, chronic pain due to trauma, abnormal involuntary movements, radiculopathy thoracic or lumbosacral and postlaminectomy syndrome of unspecified region. Treatments have included physical therapy, a lumbar epidural steroid injection and TENS. The medical records provided for review do indicate a medical necessity for CBC (complete blood count) (includes Diff/Pit). The medical records indicate the injured worker is on long-term treatment with Naproxen, an NSAID; the injured worker was tested for CBC in 09/2014. The MTUS recommends periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests of individuals on NSAIDs. The guidelines do not state how often they are to be tested. The request is medically necessary.

Morphine serum: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids Page(s): 43; 77-80.

Decision rationale: The injured worker sustained a work related injury on 02/23/2007. The medical records provided indicate the diagnosis of low back pain, knee pain, long-term current use of opiate analgesic, restless leg syndrome, depressive disorder not elsewhere classified, chronic pain due to trauma, abnormal involuntary movements, radiculopathy thoracic or lumbosacral and postlaminectomy syndrome of unspecified region. Treatments have included physical therapy, a lumbar epidural steroid injection and TENS. The medical records provided for review do not indicate a medical necessity for Morphine serum. The MTUS recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Neither the MTUS nor the Official Disability guidelines recommends the serum testing for controlled substances; rather, they recommend pill counting, gathering information from family members and from other providers, including getting prescribing information from pharmacies. The request is not medically necessary.

EIA9 with alcohol+RFLX Urine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Urine drug testing (UDT).

Decision rationale: The injured worker sustained a work related injury on 02/23/2007. The medical records provided indicate the diagnosis of low back pain, knee pain, long-term current use of opiate analgesic, restless leg syndrome, depressive disorder not elsewhere classified, chronic pain due to trauma, abnormal involuntary movements, radiculopathy thoracic or lumbosacral and postlaminectomy syndrome of unspecified region. Treatments have included physical therapy, a lumbar epidural steroid injection and TENS. The medical records provided for review do not indicate a medical necessity for EIA9 with alcohol+RFLX Urine. The MTUS recommends drug testing as an option using a urine drug screen to assess for the use or the presence of illegal drugs. MTUS does not state how often the test is to be done, but the Official Disability Guidelines recommends that patients at "low risk" of addiction/aberrant behavior (as is the case with this worker) be tested within six months of initiation of therapy and on a yearly basis thereafter. The records indicate the injured worker had this test in 09/2014. The request is not medically necessary.

Acupuncture x 10 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 02/23/2007. The medical records provided indicate the diagnosis of low back pain, knee pain, long-term current use of opiate analgesic, restless leg syndrome, depressive disorder not elsewhere classified, chronic pain due to trauma, abnormal involuntary movements, radiculopathy thoracic or lumbosacral and postlaminectomy syndrome of unspecified region. Treatments have included physical therapy, a lumbar epidural steroid injection and TENS. The medical records provided for review do not indicate a medical necessity for Acupuncture x 10 visits. The medical records indicate injured worker had 100% improvement that lasted 4 days following the acupuncture, this was associated with decreased need for pain medications. The records indicates a need for continuing acupuncture, but the quantity requested exceeds the guidelines recommendation. The request is not medically necessary.