

Case Number:	CM15-0093305		
Date Assigned:	05/19/2015	Date of Injury:	12/05/2012
Decision Date:	07/07/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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: 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 51 year old female, who sustained an industrial/work injury on 12/5/12. She reported initial complaints of low back pain and pain in the left hip. The injured worker was diagnosed as having low back pain with radiculopathy, L3-4 protrusion, possibly radiculitis, left hip pain/left hip bursitis. Treatment to date has included oral medications, therapy, lumbar steroid injections (2013). MRI results were reported on 2/14/13 reported a right paracentral foraminal disc protrusion at L3-4 measuring approximately 3 mm, partial effacement of the right lateral recess and impression on the descending right L4 nerve root in the thecal sac, moderate narrowing of the right L3 neuroforamina with impression on the exiting right L3 nerve root, and a 2 mm disc bulge at L4-5. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 12/5/13 that reported bilateral L5 and S1 radiculopathy. Currently, the injured worker complains of hip and back pain rated 4/10 with medication and 8/10 without. Sleep quality is poor. Meds are taken without side effects. Per the primary physician's progress report (PR-2) on 3/26/15, examination revealed loss of normal lordosis, palpation revealed paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band on both sides. Lumbar facet loading is positive as well as straight leg raise test on the left at 60 degrees. FABER test is positive. The left hip inspection noted tenderness over the groin and trochanter Gaenslen's was negative, FABER was positive. Current plan of care included medication, orthopedic referral, and hip injection. The requested treatments include Lab-Nortriptyline, Lab-alcohol (ethanol); any specimen except breath, Lab-dihydromorphinone, and Lab-opiates, drug and metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab- Nortriptyline: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient was injured on 12/05/12 and presents with low back pain and left hip pain. The request is for LAB- NORTRIPTYLINE. There is no RFA provided and the patient's work status is not provided. The report with the request is not provided. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. As of 05/04/15, the patient is taking Colace, Nortriptyline, Omeprazole, and Morphine. The patient had a prior urine drug screen on 03/26/15 and she was compliant with her prescribed medications. The treater does not explain why another UDS needs to be certified and there is no documentation that the patient is at high risk for adverse outcomes or has active substance abuse disorder. Therefore, the requested lab- nortriptyline IS NOT medically necessary.

Lab-alcohol (ethanol); any specimen except breath: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient was injured on 12/05/12 and presents with low back pain and left hip pain. The request is for LAB- ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT BREATH. There is no RFA provided and the patient's work status is not provided. The report with the request is not provided. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. As of 05/04/15, the patient is taking Colace, Nortriptyline, Omeprazole, and Morphine. The patient had a prior urine drug screen on 03/26/15 and she was compliant with her prescribed medications. The treater does not explain why another UDS needs to be certified and there is no

documentation that the patient is at high risk for adverse outcomes or has active substance abuse disorder. Therefore, the requested lab- alcohol (ethanol) IS NOT medically necessary.

Lab-dihydromorphinone: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient was injured on 12/05/12 and presents with low back pain and left hip pain. The request is for LAB- DIHYDROMORPHINONE. There is no RFA provided and the patient's work status is not provided. The report with the request is not provided. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. As of 05/04/15, the patient is taking Colace, Nortriptyline, Omeprazole, and Morphine. The patient had a prior urine drug screen on 03/26/15 and she was compliant with her prescribed medications. The treater does not explain why another UDS needs to be certified and there is no documentation that the patient is at high risk for adverse outcomes or has active substance abuse disorder. Therefore, the requested lab-dihydromorphinone IS NOT medically necessary.

Lab-opiates, drug and metabolites: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient was injured on 12/05/12 and presents with low back pain and left hip pain. The request is for LAB- OPIATES, DRUG AND METABOLITES. There is no RFA provided and the patient's work status is not provided. The report with the request is not provided. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. As of 05/04/15, the patient is taking Colace, Nortriptyline, Omeprazole, and Morphine. The patient had a prior urine drug screen on 03/26/15 and she was compliant with her prescribed medications. The treater does not explain why another UDS needs to be certified and there is no documentation that the patient is at high risk for adverse outcomes or has active substance abuse disorder. Therefore, the requested lab-opiates IS NOT medically necessary.