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| Case Number: | CM14-0203655 | | |
| Date Assigned: | 01/28/2015 | Date of Injury: | 09/01/2014 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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 49 year old male, who sustained an industrial injury on 9/01/2014. He reported low back pain with radiation down the right leg, associated with numbness, tingling and weakness, after lifting e heavy bucket. The injured worker was diagnosed as having L2-S1 disc protrusion, multi-level degenerative disc disease of the lumbar spine, clinical lumbar spine radiculopathy, and clinical bilateral lower extremity paresthesias. Treatment to date has included diagnostics and medications. On 10/21/2014, the injured worker complains of lumbar spine pain, with radiation down both legs, associated with numbness and tingling, rated 8-9/10. He was currently using a cane, a walker, and a back brace. He reported depression, stress, anxiety, insomnia, and frustration. He stated his work status was total temporary disability. He was taking Norco, Diazepam, and Advil. The treatment plan included chiropractic and acupuncture (2x6) for the lumbar spine, medications to include Naproxen, Omeprazole, and Tramadol. Additional requests included urine toxicology, laboratory testing (complete blood count, C-reactive protein, creatine phosphokinase, chem 8 panel, hepatic and arthritis panels), and lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Urine drug testing (UDT).

Decision rationale: The request is for a urine drug screen. The ODG states the following regarding this topic: Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Indications for UDT: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. See Opioids, indicators for addiction & misuse. Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. See Opioids, tools for risk stratification & monitoring. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. In this case, a urine drug screen is not supported by the guidelines. This is secondary to inadequate documentation of risk level commensurate to the frequency of evaluation requested. As such, it is not certified.

Lab tests: CBC, Chem 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnosic Criteria.

Decision rationale: The request is for blood testing. The ACOEM guidelines state that certain diagnostic tests are appropriate for low back complaints depending on physical exam finding. There is no indication listed for hematologic testing to aid in diagnosis or management of patients with lumbosacral strain or nerve root compression and radiculopathy, sciatica, or spinal stenosis. In this case, the reasoning for the studies is not adequately delineated. As such, the request is not certified.

Chiropractic manipulation x12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The request is for physical therapy to aid in pain relief. The MTUS guidelines states that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. It is indicated for low back pain but not ankle and foot conditions, carpal tunnel syndrome, forearm/wrist/hand pain, or knee pain. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. (Fritz, 2007) Active treatments also allow for fading of treatment frequency along with active self-directed home PT, so that less visits would be required in uncomplicated cases. In this case, the patient would benefit most from at home active therapy. As such, the request is not certified.

Acupuncture x12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: The request is for acupuncture to aid in pain relief. The ACOEM guidelines state the following regarding this topic. "Acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success.." In this case the guidelines do not support the use of this treatment modality. This is secondary to the diagnosis with poor clinical evidence regarding efficacy. As such, the request is not certified.

Lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention.

Decision rationale: The request is for the use of a lumbar back support to aid in pain relief and injury prevention. The ACOEM guidelines makes the following statement: "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." As an alternative it is advised that prolonged sitting and standing should be reduced by providing rest and exercise breaks and task rotation and variation should be employed. Heavy loads need to be divided and mechanical support devices used. Also, the workstation can be set up to optimize reduction in back strain. As such, due to poor evidence of its utility and effectiveness, the request is not certified.

Tramadol 50 mg. #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Tramadol is a pain medication in the category of a centrally acting analgesic. They exhibit opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Centrally acting drugs are reported to be effective in managing neuropathic type pain although it is not recommended as first line therapy. The side effect profile is similar to opioids. For chronic back pain, it appears to be efficacious for short term pain relief, but long term (>16 weeks) results are limited. It also did not appear to improve function. The use of tramadol for osteoarthritis is indicated for short term use only (<3 months) with poor long-term benefit. In this case, the patient does not meet the qualifying criteria. This is secondary to the duration of use, with this medication being indicated on a short-term basis only. As such, the request is not certified.

Omeprazole 20 mg. #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The request is for the use of a medication in the class of a proton pump inhibitor. It is indicated for patients with peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain. Unfortunately, they do have certain side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically. Criteria for risk are as follows: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Due to the fact the patient does not meet to above stated criteria, the request for use is not certified.

Labs: CRP: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The request is for blood testing. The ACOEM guidelines state that certain diagnostic tests are appropriate for low back complaints depending on physical exam finding. There is no indication listed for hematologic testing to aid in diagnosis or management of patients with lumbosacral strain or nerve root compression and radiculopathy, sciatica, or spinal stenosis. In this case, the reasoning for the studies is not adequately delineated. As such, the request is not certified.

Labs: CPK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The request is for blood testing. The ACOEM guidelines state that certain diagnostic tests are appropriate for low back complaints depending on physical exam finding. There is no indication listed for hematologic testing to aid in diagnosis or management of patients with lumbosacral strain or nerve root compression and radiculopathy, sciatica, or spinal stenosis. In this case, the reasoning for the studies is not adequately delineated. As such, the request is not certified.

Labs: Hepatic panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The request is for blood testing. The ACOEM guidelines state that certain diagnostic tests are appropriate for low back complaints depending on physical exam finding. There is no indication listed for hematologic testing to aid in diagnosis or management of patients with lumbosacral strain or nerve root compression and radiculopathy, sciatica, or spinal stenosis. In this case, the reasoning for the studies is not adequately delineated. As such, the request is not certified.

Labs: arthritis panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The request is for blood testing. The ACOEM guidelines state that certain diagnostic tests are appropriate for low back complaints depending on physical exam finding.

There is no indication listed for hematologic testing to aid in diagnosis or management of patients with lumbosacral strain or nerve root compression and radiculopathy, sciatica, or spinal stenosis. In this case, the reasoning for the studies is not adequately delineated. As such, the request is not certified.