

Case Number:	CM13-0032027		
Date Assigned:	12/04/2013	Date of Injury:	11/26/2002
Decision Date:	02/12/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old female who reported an injury on 11/26/2002. The patient's initial injuries and course of treatment are unclear; however, an MRI of the lumbar spine performed on 01/07/2003 reported an L5 left posterior facet cyst and moderate to severe facet changes with marked central spinal stenosis and bilateral caudal foraminal narrowing secondary to a bulging degenerative disc at L4-5. The patient continues to complain of persistent low back pain that radiates to the left lower extremity. This pain is relieved by rest and medications and aggravated by activity, bending, walking or prolonged sitting or standing still. The patient has history of an epidural steroid injection at L4-5 and L5-S1, with a 50% improvement in pain for 3 months. In the most recent clinical note dated 11/05/2013, the patient stated that her pain interferes moderately with daily activities and overall function. She was noted to have a left lumbar straight leg raise at 35 degrees with left lower extremity pain. The patient's current medications include a Fentanyl 50 mcg patch changed every 3 days; Valium 5 mg, every 12 hours as needed for spasm or anxiety; Percocet 10/325 mg, every 4 hours as needed for breakthrough pain; Lunesta 3 mg, once daily at bedtime; Paxil 20 mg, once daily as an antidepressant; and Cymbalta 30 mg, 3 times a day for relief of radicular pain. The patient's current diagnoses include chronic low back pain, lower extremity pain, L4-5 spondylolisthesis, lumbar spinal stenosis, degenerative L5-S1 disc, lumbar facet joint arthropathy, regional myofascial pain, ADHD, and depression. There was no other clinical information provided for review.

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 Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The Chronic Pain Guidelines recommend urine drug screens to monitor the patient's compliance during opioid therapy. Guidelines state that patients that are not at high risk for opioid abuse or misuse can be expected to provide a urine drug screen on a yearly basis. As the notes provided for review did not provide any documentation that would indicate the patient is high risk, a yearly urine drug screen is sufficient. However, on every clinical note since 05/2013, there is reference to a urine drug screen. Unfortunately, there is no discussion of the results or if they were actually obtained. As such, guideline compliance cannot be determined at this time and the request for one (1) urine drug screen is non-certified.

One (1) prescription of Fentanyl 50mcg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The Chronic Pain Guidelines recommend the use of opioids to treat chronic pain. Ongoing management of opioid use includes pain assessments at each clinical visit. These assessment should include objective documentation of the patient's current pain; the least reported pain since the last assessment; average pain; intensity of pain after taking the opioids; how long it takes for the pain relief to begin; and how long the pain relief lasts. Guidelines also state that functioning should be measured at six (6) month intervals using a numerical scale or validated instrument, and medication compliance should be monitored using urine drug screens. The clinical notes submitted for review did not provide evidence of a urine drug screen, although they were mentioned for six (6) consecutive months; there was no evidence that a functional test had been performed in the last six (6) months; and there was no thorough assessment of pain levels to include current pain, average pain and the effects of the medication on the pain. As such, medication efficacy cannot be determined nor can medical necessity. Therefore, the request for one (1) prescription of Fentanyl 50 mcg #10 is non-certified.