MAXIMUS Federal Services

Case Number:	CM13-0032601		
Date Assigned:	12/11/2013	Date of Injury:	10/01/1992
Decision Date:	02/07/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine and Rehabilitation, 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 64 year old male who reported an injury on 03/02/1992. The mechanism of injury was that patient was helping move some boxes out of a freight elevator when the patient heard a pop and felt immediate low back pain. The patient was diagnosed with chronic intractable pain syndrome, post-laminectomy syndrome 1993, 1994, 1997 x 2 and fusion to L3-4 and L4-5, bilateral lumbosacral polyradiculopathy, discectomy L2-3, L4-5, with revision of L5-S1 with implantation of hardware at L2-3 and L5-S1 on 03/03/2010, fusion from L2 through S1 and hardware removal from lumbar spine on 01/21/2011. The clinical documentation dated 09/04/2013 indicated the patient's pain was 2-3/10 and at worst could be a 10/10. The patient reported the pain medication doesn't seem to work as well as it used to but does provide some relief. The clinical documentation dated 11/20/2013 stated the patient continued to complain of low back along with mid-back, hip joint, knee joint pain. The patient also complained of tingling to lower extremities and depression but the chief complaint is low back pain. The patient rated his pain at a 2/10. The patient had decreased range of motion and muscle spasms. The patient was changed from oxycodone to morphine due to inadequate pain relief. The patient stated that the morphine was helpful with no side effects and allowed him to participate in activities of daily living and walk and exercise. The patient's urine drug screens were reported to have been appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of MS Contin 15mg (14 day supply): 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): 78.

Decision rationale: CA MTUS guidelines recommend documentation of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The patient had an extensive history of back surgeries and pain to the low back, mid-back, hip joint and knee joint. The clinical documentation does not meet the guideline recommendations. The clinical documentation does not show a decrease in the patient's pain level. CA MTUS guidelines state ongoing opioid use should demonstrate a relief in pain and the patient's pain level did not decrease. As such, the request is non-certified.

1 urine drug screen: 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 Opioids Page(s): 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT)

Decision rationale: CA MTUS states urine drug screens if opioid use is not effective, the option of discontinuing this therapy may occur, or in the consequence of non-adherence to the treatment agreement is outlined. ODG 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. The clinical documentation submitted for review indicates that the patient had been appropriate with medication usage as was verified with a urine drug screen. The guidelines do not recommend urine drug screen for confirmatory testing. As such, the request is non-certified.