

Case Number:	CM13-0037705		
Date Assigned:	12/18/2013	Date of Injury:	12/29/2006
Decision Date:	04/23/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/24/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 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/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:

This patient is a 39-year-old female with date of injury of 12/29/2006. The listed diagnoses per [REDACTED] dated 08/20/2013 are: 1. Lumbar radiculopathy. 2. Chronic pain syndrome. 3. Left knee internal derangement. 4. Left knee pain. 5. Chronic pain related insomnia. 6. Myofascial syndrome. 7. Neuropathic pain. 8. Chronic pain related to depression. 9. Prescription narcotic dependence.

According to report dated 08/20/2013, the patient presents with complaints of low back pain and right knee pain. She states her knee is flared up today and is experiencing "burning" pain. The patient's pain score is 6/10 currently and averaged 9/10 over the preceding week. Her pain with medication is 6/10 and without medication is 7/10. The patient has increase in knee pain but does not want a Toradol injection. The patient is to continue using Fluriflex ointment for her flareup. Treating physician notes "her medications are working well for her". There is no physical examination reported. Treating physician is requesting a urine drug screen, refill of Percocet 10/325 mg #90, Axid 150 mg #30, Skelaxin 800 mg for muscle spasm, Lyrica 75 mg #60, Fluriflex ointment, and Medrol patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009), Opioids, Cri.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section on Drug Testing (MTUS), Ongoing Management Pa. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Urine Drug Testing.

Decision rationale: This patient presents with continued low back pain and right knee pain. The treating physician is requesting a urine drug screen to assess medication compliance and possible drug diversion. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risk of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, medical records indicate that the patient was administered a UDS on 03/28/2013, 04/30/2013, and 05/21/2013. Medical records do not document any aberrant opiate behavior and the patient is not described as a high-risk opiate user to warrant such frequent urine toxicology. Although the patient has a diagnosis of prescription narcotic dependence, the 3 recent UDS all showed consistent results with the medications that were prescribed. It does not appear that a repeat urine toxicology was necessary. Recommendation is for denial.

PRESCRIPTION OF PERCOCET 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009), Opioids, Cri.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section on Medications for Chronic Pain, pages 60-61;.

Decision rationale: This patient presents with continued complaints of low back and right knee pain. The treating physician is requesting a refill of Percocet 10/325 mg #90. The utilization dated 09/29/2013 modified certification from #90 to #34. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Medical reports show that this patient has been on opiates for quite some time. On 06/21/2013, the treating physician discontinued Dilaudid due to side effects and started the patient on Percocet. Subsequent report dated 07/29/2013 and 08/20/2013 include numerical scales to assess patient's current pain, average pain, and pain levels with and without medication. Report from 08/20/2013 states, "Her medications are working well for her." In this case, the treating physician does use a numerical scale to assess patient's current and average pain, with and without medication. However, there are no discussions regarding any functional improvement specific to the opiate use. None of the reports discuss any significant change in ADLs, change in work status, or return to work attributed to use of Percocet. MTUS require not only analgesia but documentation of ADL's and

functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.