

Case Number:	CM14-0002042		
Date Assigned:	01/22/2014	Date of Injury:	08/09/2012
Decision Date:	06/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine, 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:

The patient is a 51-year-old who has filed a claim for lumbar spinal stenosis and lumbar radiculopathy associated with an industrial injury date of August 09, 2012. Review of progress notes reports low back pain radiating to the bilateral legs. Pain decreases from 10/10 to 3-4/10 with medications. Patient also reports improved ability to ambulate more than 1 block and to perform activities of daily living and household chores. Findings include tenderness and spasms of the lumbar musculature, and pain upon movement. Patient walks with a cane. Ictrodiagnostic study of the lower extremities performed in October 2012 showed bilateral distal posterior tibial neuropathy, and no evidence of radiculopathy. Lumbar CT scan dated August 28, 2012 showed disc bulge at L5-S1 resulting in left neuroforaminal narrowing. Treatment to date has included NSAIDs (non-steroidal anti-inflammotry drugs), opioids, Cymbalta, gabapentin, Lyrica, Flector patch, physical therapy, trigger point injections, and lumbar epidural steroid injection. Utilization review from December 26, 2013 denied the request for urine drug screen; and modified certification for oxycontin 30mg for #80, and for Percocet 10/325mg for #100 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 30 MG, QUANTITY 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since September 2012. Patient used to take oxycontin 80mg thrice a day, along with Percocet 10/325mg 12 times a day, above recommended doses. Patient is able to decrease opioid intake to oxycontin 30mg thrice a day, and Percocet 10/325mg every four hours. Patient notes 70% pain relief with current medications, with functional improvement of improved ability to perform activities of daily living and household chores. Although continuation of this medication is suitable in this patient, the requested amount exceeds patient's current oxycontin intake. The request for Oxycontin 30mg, 120 count, is not medically necessary or appropriate.

PERCOCET 10/325 MG, QUANTITY 100: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least May 2013. Patient used to take oxycontin 80mg thrice a day, along with Percocet 10/325mg 12 times a day, above recommended doses. The patient was not able to tolerate other types of opioids, Cymbalta, gabapentin, and Lyrica. Patient has been able to decrease opioid intake to oxycontin 30mg thrice a day, and Percocet 10/325mg every 4 hours. Patient notes 70% pain relief with current medications, with functional improvement of improved ability to perform activities of daily living and household chores. Urine drug screens are consistent with prescribed medication. This medication is a reasonable option for this patient to manage the low back pain symptoms. The request for Percocet 10/325 mg, 180 count, is medically necessary and appropriate.

URINE DRUG SCREEN (UDS): 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 Chronic Pain Medical Treatment Guidelines Page(s): 78.

Decision rationale: According to the chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Progress notes indicate that the patient had a urine drug screen in September 2013 that was consistent with prescribed medications, and that patient does not exhibit aberrant drug seeking behaviors. There is no indication for a repeat urine drug screen at this time. The request for a UDS is not medically necessary or appropriate.