

Case Number:	CM14-0002417		
Date Assigned:	01/24/2014	Date of Injury:	03/25/2009
Decision Date:	06/09/2014	UR Denial Date:	12/31/2013
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 Physical Medicine & 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 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 injured worker is a 58 year old female who reported an injury on 03/28/2009, due to twisting her back trying to stop an altercation between two inmates. The clinical note dated 05/07/2013 presented the injured worker with lower back pain and depression. The physical examination reported a VAS score of 8/10, her gait is forward flexed at the lumbar spine and slow to deliberate. Palpation over the left lumbar paraspinal muscles and left facet joint elicited pain and a spasm was felt in the left paraspinal muscle area. The injured worker's range of motion for the lumbar area was 45 degrees flexion, 10 degrees extension, 15 degrees left lateral rotation, and 30 degrees right lateral rotation. The provider recommended a urine drug screen, saliva dna testing, NFSP-R program consultaion, oxycotin, oxycodone, and flexaril. The request for authorization form was not included in the medical documents.

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 Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

Decision rationale: The California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. The results of a urine drug screen done on 09/23/2013 that was negative for all opioids, while being prescribed a high utilization of opioids. There was no discussion of non-compliance in reference to the inconsistencies. Therefore, the request is not medically necessary.

SALIVA DNA TESTING: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Genetic Testing.

Decision rationale: The Official Disability Guidelines do not recommended DNA testing, while there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. The response to analgesics also differs depending on the pain modality and the potential for repeated noxious stimuli, the opioid prescribed, and even its route of administration. Also, the results of a urine drug screen done on 09/23/2013 that was negative for all opioids, while being prescribed a high utilization of opioids. Therefore, the request is not medically necessary.

NFSP-R PROGRAM CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31.

Decision rationale: The California MTUS guidelines state that the criteria for the general use of multidisciplinary pain management programs are: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability

payments to effect this change; & (6) Negative predictors of success above have been addressed. The included medical documents lack evidence of a significant loss of ability to function independently resulting from chronic pain, and there was no inclusion of baseline functional testing that would allow evaluations to be made for functional improvement. Therefore, the request is not medically necessary.

OXYCONTIN 60MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pain Treatment Agreement Page(s): 89.

Decision rationale: The California MTUS guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation lacks evidence of this medication providing desired effects for the injured worker. There was a lack of an adequate and complete pain assessment within the documentation. The results of a urine drug screen done on 09/23/2013 that was negative for all opioids, while being prescribed a high utilization of opioids. There is also no quantity given with the request. Therefore, the request is not medically necessary.

OXYCODONE 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pain Treatment Agreement Page(s): 89.

Decision rationale: The California MTUS guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation lacks evidence of this medication providing desired effects for the injured worker. There was a lack of an adequate and complete pain assessment within the

documentation. The results of a urine drug screen done on 09/23/2013 that was negative for all opioids, while being prescribed a high utilization of opioids. There is also no quantity given with the request. Therefore, the request is not medically necessary.

FLEXERIL 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 41 and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The California MTUS guidelines recommend Flexeril for a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. It is not clear on how long the injured worker has been taking Flexeril. However, no quantity was given with the request. Therefore, the request is not medically necessary.

VOLTAREN 75MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 71.

Decision rationale: The California MTUS guidelines recommends that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals; to reduce pain so activity and functional restoration can resume, however long-term use may not be warranted. There was a lack of an adequate and complete pain assessment within the documentation. There was also no quantity included in the request. Therefore, the request for Voltaren 75MG is not medically necessary.