

<b>Case Number:</b>	CM14-0003106		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	01/11/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas and Ohio. 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 68-year-old who reported an injury on January 11, 2011. The mechanism of injury was not provided within the medical records. The clinical note dated December 17, 2013 indicated a diagnosis of left L5-S1 radiculopathy with left lower extremity weakness, right L5-S1 radiculopathy with right lower extremity weakness, central disc extrusion at L5-S1 with bilateral lateral recess stenosis, moderate to severe bilateral L5-S1 neural foraminal stenosis, lumbar sprain/strain, central disc bulging at C3-4 C4-5, and C5-6, and non-Hodgkins lymphoma. The injured worker reported bilateral low back pain and bilateral buttock pain. He reported exacerbating factors were bending, twisting, lifting, and prolonged sitting or standing. The mitigating factors were lying supine. On physical examination, the injured worker's lumbar range of motion was restricted by pain in all directions. The injured worker had a positive straight leg raise on the left. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included OxyContin, Percocet, Valium, Soma, ranitidine, Celexa, metopropol and Zantac. The provider submitted a request for OxyContin, Percocet and a urine drug screen. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40 mg, ninety count with two refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker reported low back pain and bilateral buttock pain. The risks and benefits surrounding long-term opiate use have been discussed with the injured worker, and a urine drug screen was performed on the injured worker on November 21, 2013. However, prior authorization for OxyContin had already been given on December 17, 2013 to assist in weaning and tapering the injured worker. Additionally, there is a lack of a quantified pain assessment. Furthermore, the request does not indicate a frequency for this medication. Therefore, the request for Oxycontin 40 mg, ninety count with two refills is not medically necessary or appropriate.

**Percocet 10/325 mg, 120 count with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker reported bilateral low back pain and bilateral buttock pain, and reported relief with the use of Percocet. In addition, the injured worker had a urine drug screen performed on November 21, 2013 and the risks and benefits surrounding long-term opiate use were discussed with the injured worker. However, the prior authorization for Percocet had already been given on December 17, 2013 that was given to allow the injured worker time at weaning or tapering of the Percocet medication. Moreover, there was lack of quantified pain relief with the use of this medication. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request for Percocet 10/325 mg, 120 count with two refills, is not medically necessary or appropriate.

**Urine drug screen, provided on November 21, 2013:** 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-TWC), PAIN PROCEDURE SUMMARY, URINE DRUG TESTING (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG TEST Page(s): 43.

**Decision rationale:** The Chronic Pain Medical Treatment 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 injured worker is utilizing opiate therapy and it was indicated that a urine drug screen was performed on November 21, 2013. However, the prior authorization for a urine drug screen has already been given on December 17, 2013. Therefore, the urine drug screen for date of service November 21, 2013 is not needed at this time. Therefore, the request for a urine drug screen, provided on November 21, 2013, is not medically necessary or appropriate.