

Case Number:	CM14-0007395		
Date Assigned:	02/10/2014	Date of Injury:	11/07/1993
Decision Date:	06/23/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/16/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 64-year-old male who reported an injury on 11/07/1993. The mechanism of injury was not provided for review. The injured worker's treatment history included chronic pain managed with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker's most recent urine drug screen was conducted on 08/19/2013 with consistent results to the prescribed medication schedule. The injured worker was evaluated on 11/18/2013. It was documented that the injured worker had 9/10 to 10/10 pain without medications, reduced to 7/10 pain with medications. Physical findings included decreased range of motion in all planes secondary to pain with bilateral tenderness to palpation of the paraspinal musculature and decreased sensation in the L3-S1 dermatomal distributions. The injured worker's diagnoses included headache, brachial neuritis or radiculitis, neck sprain/strain, postlaminectomy syndrome of the lumbar region, and lumbar radiculopathy. The injured worker's treatment plan included continuation of medications to include cyclobenzaprine hydrochloride 7.5 mg, omeprazole 20 mg, Norco 10/325 mg, and Percocet 10/325 mg. A recommendation was also made for a urine drug screen and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 PERCOCET 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested 30 Percocet 10/325 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain to be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence of that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior with a reduction in pain from a 9/10 to 10/10 pain to 7/10 pain with medication usage. However, the clinical documentation fails to identify significant functional benefit resulting from medication usage. Additionally, the request as it is submitted does not specifically identify a frequency of treatment. In absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 30 Percocet 10/325 mg is not medically necessary or appropriate.

1 URINE DRUG TEST SCREENING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WEANING OF MEDICATIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, On-Going Management, Page(s): 78.

Decision rationale: The requested urine drug test screening is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does support the use of random urine drug screens to monitor patients who are on chronic opioid therapy for aberrant behavior. The clinical documentation does indicate that the injured worker is on chronic opioid therapy. However, it is documented that the injured worker had previously undergone a urine drug screen in 08/2013. The clinical documentation does not provide a risk assessment that supports the injured worker has any symptoms associated with nonadherent behavior. There is no documentation of overuse or withdrawal to support the need for an additional urine drug screen. As such, the requested urine drug test screening is not medically necessary or appropriate.