

Case Number:	CM14-0122430		
Date Assigned:	08/08/2014	Date of Injury:	02/19/2013
Decision Date:	09/25/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/04/2014

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, has a subspecialty in Pain Management 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 is a 34-year-old male with a 02/19/2013 date of injury. A specific mechanism of injury was not described. 8/1/14 determination was modified. The original request included: 1. Hydrocodone 10/325mg, dispensed 6/27/14, per 7/4/14 form, qty 60. 2. Refill Hydrocodone 10/325mg, dispensed 6/27/14 per 7/4/14 form qty 60. 3. Refill Hydrocodone 10/35mg dispensed 6/27/14 per 7/4/14 qty 60. 4. Ibuprofen 600mg dispensed 6/27/14 per 7/4/14 qty 60. 5. Refill Ibuprofen 600mg dispensed 6/27/14 per 7/4/14 form qty 60. 6. Refill Ibuprofen 600mg dispensed 6/27/14 per 7/4/14 form qty 60. 7. In-office random 12-panel drug screen date of service 6/27/14 per 7/4/14 form. The modification included certification for items 1, 4, 5, 6, and 7. Non-certification was given for items 2 and 3, which included refill Hydrocodone 10/325mg, dispensed 6/27/14 per 7/4/14 form qty 60. The Hydrocodone was modified to allow taper and/or allow the physician to substantiate ongoing need. The urine drug screen was modified for a 12-panel drug screen, not to include any laboratory confirmatory testing as it was reported as consistent testing. 6/27/14 medical report identified low back pain radiating to the right buttock, right posterior thigh, and right posterior calf. Reported 3/28/14 UDS (urine drug screen) results were consistent with the patient's medications. Exam revealed tenderness upon palpation of the right lumbar paraspinal muscles. Lumbar ROM was mildly restricted. Lumbar discogenic provocative maneuvers, including pelvic rock and sustained hip flexion, were mildly positive on the right. SLR was positive on the right. The provider noted that the medications provide 80% decrease in pain and improvement in activities of daily living. The patient has an up-to-date pain contract and the patient's previous UDS was consistent. The plan included Hydrocodone 10/325 bid #60 with 2 refills, and Ibuprofen also with two refills. There are several medical reports documenting the same findings and same reported improvement with medications. 3/28/14

medical report identified that the UDS revealed absence of Hydrocodone and presence of alcohol.

IMR ISSUES, DECISIONS AND RATIONALES

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

In office random 12-panel drug screen date of service 6/27/2014, per 7/4/2014 form:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43, 90. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Urine Drug Testing.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The patient is under chronic opioid therapy for which urine toxicology exams are indicated. In addition, given inconsistent results on the December study, close monitoring was substantiated. At the time of the prior determination the urine toxicology exam was appropriately certified to include only the requested in office 12-panel drug screen, without any additional laboratory testing. The medical necessity was substantiated for the urine test as certified at the time of the prior determination.

Refill Hydrocodone 10/325mg, dispensed 6/27/2014, per 7/4/2014 form: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 77, 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: The patient has chronic low back pain managed by medications. There is reported 80% pain relief with the same amount of improvement in (ADL) activities of daily living. There is also indication of an updated pain contract and consistent UDS (urine drug screen). However, the December UDS was not consistent with the medication prescription and revealed alcohol. In addition, there were no specific VAS to delineate improvement with medications. The specific ADLs improved were not cited. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Considering this, continuation of the medication with close monitoring would be appropriate. The prior determination allowed for certification of the medication with no refills, which was very reasonable. The medication certified at the time of the previous determination should allow an

opportunity for submission of medication compliance guidelines. However, in the context of this review, the requested refills were not medically necessary.

Refill Hydrocodone 10/325mg, dispensed 6/27/2014, per 7/4/2014 form.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: The patient has chronic low back pain managed by medications. There is reported 80% pain relief with the same amount of improvement in ADLs. There is also indication of an updated pain contract and consistent UDS. However, the December UDS was not consistent with the medication prescription and revealed alcohol. In addition, there were no specific VAS to delineate improvement with medications. The specific ADLs improved were not cited. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Considering this, continuation of the medication with close monitoring would be appropriate. The prior determination allowed for certification of the medication with no refills, which was very reasonable. The medication certified at the time of the previous determination should allow an opportunity for submission of medication compliance guidelines. However, in the context of this review, the requested refills were not medically necessary.