MAXIMUS Federal Services

Case Number:	CM14-0131234		
Date Assigned:	08/20/2014	Date of Injury:	10/18/2002
Decision Date:	09/18/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant has an original date of injury of 10/18/2002. He is currently treated for moderately severe low back pain and has diagnoses of myalgia/myositis, lumbosacaral neuritis, lumbago, postlaminectomy syndrome, chronic pain and muscle spasm. Current medications include Oxycodone, hydromorphone, Cymbalta, Lyrica, Ambien and Flexeril. The requests are for Alcohol and reflex urine, urinalysis and Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alcohol and RFLX Urine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009 (Opiates, steps to avoid misuse/addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section2 Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Urine Drug Screening.

Decision rationale: CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact

frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends "use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month." In this case, the urine drug screen was performed on 5/15/14 which was not concerning for any misuse or diversion. The provider performed an opioid risk scoring tool with a score of 0 indicating no high risk for diversion or misuse. There is no medical indication for urine drug screen and the original utilization review denial is upheld.

Urinalysis Complete: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Guidelines Clearinghouse, Guideline Synthesis, Diagnosis and management of Lower Urinary Tract Infection.

Decision rationale: National Guidelines Clearinghouse, Guideline Synthesis, Diagnosis and Management of Lower Urinary Tract Infection.The Expert Reviewer's decision rationale:A search of National Guideline Clearinghouse indicates that urinalysis is indicated for the diagnosis and management of lower urinary tract infections. The medical record in this case contains no documentation of any symptoms associated with lower urinary tract infection. Therefore, urinalysis is not medically necessary.

Dilaudid 8mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Dilaudid, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. When narcotics are used, the medication should not exceed 120. In this case, the provider is adding Dilaudid to two other narcotic medications because of ongoing moderate to severe pain. The MED prior to adding Dilaudid was 235, with the addition of Dilaudid, the medication would be 299. Weaning is indicated when there is no improvement in function or pain with treatment. Opioid hyperalgia is often noted when the opioid dose is increased without any improvement in symptoms. In this case, the baseline opioid treatment is at a very high dose and adding further narcotic pain medication is not medically indicated. Therefore, Dilaudid is not medically necessary.