

Case Number:	CM14-0154753		
Date Assigned:	09/24/2014	Date of Injury:	11/05/2012
Decision Date:	10/27/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/22/2014

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 patient is a 41-year-old with a reported date of injury of 11/05/2012. The patient has the diagnosis of herniated disc of the lumbar spine. Per the most recent progress notes provided for review by the treating physician, dated 07/28/2014, the patient had complaints of pain in the lower back with prolonged sitting with radiation and numbness to the left thigh. The physical exam noted tenderness over the paravertebral musculature with spasm and decreased range of motion. The treatment plan recommendations included continuation of pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug testing in 60-90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-84.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section on opioids states that, for ongoing management, actions should include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; the lowest possible dose should be prescribed to improve pain and function; the office should complete 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers and the incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. The guidelines further recommend the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control; documentation of misuse of medications ('doctor-shopping', uncontrolled drug escalation, drug diversion); continuing review of overall situation with regard to non-opioid means of pain control; and consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids when there are issues of abuse, addiction or poor pain control. The patient is currently taking Hydrocodone. There are no indications of any of these issues in the progress reports provided. Previous urine drug screens results have not been included for review. There is no documentation when the last urine drug screen had been performed. For these reasons, the medical necessity of a urine drug screen has not been established.