

<b>Case Number:</b>	CM14-0167010		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Interventional Spine 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:

The patient is a 58 year old male with an injury date on 01/13/2010. Based on the 08/14/2014 progress report provided by the treating physician, the diagnoses are:1. Displacement of lumbar intervertebral disc without myelopathy2. Low back pain3. Lumbar post-laminectomy syndrome, lumbar region4. Thoracic or lumbosacral neuritis or radiculitis, unspecifiedAccording to this report, the patient complains of "worsening low back pain and bilateral low extremity pain with occasional numbness and weakness." Physical exam reveals tenderness over the left sciatic notch, the left greater trochanter, left T12-L1 paraspinous region and the iliolumbar region. Deep tendon reflex of the right knee is diminished. Decreased sensation is noted at the right L4 and L5 dermatomes. Straight leg test is positive. The 06/05/2014 report indicates patient's "pain on average is rated at the level of 8 to 9/10."There were no other significant findings noted on this report. The utilization review denied the request on 10/02/2014. The requesting provider provided treatment reports from 06/05/2014 to 09/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) PR2 report:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

**Decision rationale:** According to the 08/14/2014 report, this patient presents with "worsening low back pain and bilateral low extremity pain with occasional numbness and weakness." The current request is for One PR2 report/office visit. Regarding treatments sessions, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. The treater should be allowed to have an office visit so that he can treat the patient. Treatment is medically necessary and appropriate.

**(1) Urine Drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines UDS Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine drug testing (UDT) <http://odg-twc.com/index.html?odgtwc/pain.htm#Urinedrugtesting>

**Decision rationale:** According to the 08/14/2014 report, this patient presents with "worsening low back pain and bilateral low extremity pain with occasional numbness and weakness." The current request is for Urine Drug screen. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records indicate the patient is currently on Oxycodone (a narcotic-like pain reliever). Review of the reports show a recent UDS was done on 08/14/2014. There were no discussions regarding the patient adverse behavior with opiates use. The treater does not explain why another UDS is needed. There is no discussion regarding this patient's opiate use risk. Treatment is not medically necessary and appropriate.

**Oxycodone 5mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60,61;76-78;88-89.

**Decision rationale:** According to the 08/14/2014 report, this patient presents with "worsening low back pain and bilateral low extremity pain with occasional numbness and weakness." The current request is for Oxycodone 5mg #180. This medication was first mentioned in the 06/05/20014 report; it is unknown exactly when the patient initially started taking this

medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treating physician states "The pain medications provide functional gain for this unfortunate fire fighter with frequent 10/10 back and lower extremity pain. Functional gains include substantial assistance his ADL's, mobility and restorative sleep." "Despite functional gain by the medications, he remains boset by pain and his activities are seriously restricted." Patient rated the pain as an 8- 9/10 on average. A urine drug screen was obtained on 08/14/2014, result were not mentioned. In this case, reports show documentation of pain assessment but no before and after analgesia is provided. ADL's were mentioned but there is no discussion as to any significant ADL improvement with use of the opiate. UDS was obtained but the results were not discussed. Outcomes measures are not documented as required by MTUS. No valid instruments or numerical scales are used to measure the patient's function which is recommended once at least every 6 months per MTUS. Change in work status, or return to work attributed to use of Oxycodone were not discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Treatment is not medically necessary and appropriate.