

Case Number:	CM14-0169008		
Date Assigned:	10/17/2014	Date of Injury:	10/07/2012
Decision Date:	11/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/14/2014

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 Pain Medicine 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 patient with a date of injury of 10/7/12. A utilization review determination dated 10/8/14 recommends non-certification of UDS (urine drug screening) and quarterly lab panels. Butrans patch 10 mcg was certified. 10/2/14 medical report identifies pain 9/10 with "loss of sensation over her bowels" and bouts on incontinence. On exam, there is limited ROM (range of motion) and antalgic gait. The patient uses a cane. 9/9/14 medical report identifies pain at 8/10. On exam, there is tenderness and limited ROM. Recommendations include Butrans patch 10 mcg instead of 5 mcg, Zanaflex, Amitriptyline, Gabapentin, Urine POC, and quarterly labs to "maintain the adequacy of the medications with respect to the patient's hepatic function and kidney function."

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg #4 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Butrans, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Butrans is not medically necessary.

Outpatient point of care urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

Decision rationale: Regarding the request for a urine drug screen, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no clear documentation of the date and results of the most recent testing and current risk stratification to identify the medical necessity of drug screening at the proposed frequency. In the absence of such documentation, the currently requested urine drug screen is not medically necessary.

Quarterly lab panels: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: Regarding the request for quarterly lab panels, CA MTUS does support the use of monitoring patients utilizing NSAIDs with routine CBC and chemistry profile (including liver and renal function tests) testing. Within the documentation available for review, there is no documentation that the patient is taking NSAIDs. There is also no documentation identifying the specific test(s) being requested and a rationale for their use. Furthermore, open-ended testing is

not supported and, unfortunately, there is no provision for modification of the current request to allow for a specific duration. In light of the above issues, the currently requested quarterly lab panels are not medically necessary.