

Case Number:	CM14-0174441		
Date Assigned:	10/24/2014	Date of Injury:	08/02/1995
Decision Date:	10/24/2014	UR Denial Date:	10/03/2014
Priority:	Expedited	Application Received:	10/21/2014

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 Occupational Medicine/Preventative 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of 8/2/1995. Thus far, the applicant has been treated with the following: long and short-acting opioids; earlier lumbar spine surgery; a spinal cord stimulator; dietary supplements; and transfer of care to and from various providers in various specialties. In a utilization review report dated 10.3.2014, the claims administrator failed to approve requests for Oxycontin and a urine drug screen. The applicant subsequently appealed. In an appeal letter dated 10.16.14, the applicant noted persistent complaints of low back pain and seemingly suggested that his pain was inadequately controlled with a spinal cord stimulator alone. The applicant acknowledged that he was not working and had been deemed "disabled." The applicant suggested that he was considering removal of the spinal cord stimulator. The applicant expressed concerns that he might experience adverse effects such as opioid withdrawal which could lead to death were the claims administrator to abruptly cease authorization for medications. In a September 3, 2014 progress note, the applicant's treating provider noted that the applicant should undergo a lumbar MRI to determine his suitability for further surgery versus removal of indwelling spinal cord stimulator leads. The applicant reported 4/10 multi-focal low back, knee, wrist, elbow and shoulder pain complaints with medications versus 10/10 without medications. Urine drug testing was endorsed. On September 25, 2014, the applicant returned, reporting 8/-9/10 pain associated with a flare in pain versus 10/10 pain without medications. The applicant was given a shot of Toradol for a flare of low back pain. On an earlier note of 8.15.14 progress note, the applicant reported issues with ongoing low back pain generating gait derangement and attendant lower extremity weakness. The applicant's pain complaints were scored as severe on this occasion, "15/10" and were "worse with any activity." The applicant was still smoking, it was incidentally noted. Multiple progress notes interspersed throughout the file

suggested that the applicant frequently presented reporting heightened pain complaints, including on 6.20.2014, when the applicant presented in reportedly severe distress. The applicant was reportedly "bedridden" owing to pain; it was suggested on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #150 DOS: 9/3/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of improved functioning and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant acknowledged, in his application, that he had been deemed "disabled." The applicant is consistently described as having difficulty performing activities of living as basic as standing and walking and was, furthermore, described as bedridden owing to pain on another occasion. While the attending provider did report some reduction in pain scores on the 9/3/14 office visit, referenced above, this is outweighed by the applicant's heightened complaints of pain on multiple prior and subsequent visits, and the attending provider's failure to recount any material improvements in function achieved as a result of the same. The information on file does /did not make a compelling case for continuation of Oxycontin. Therefore, the request was not medically necessary.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter, Urine Drug Testing topic, however, an attending provider should clearly state when an applicant was last tested, attach an applicant's medication list to the request for authorization for testing, and state which drug tests and/or drug panels are being tested. In this case, however, the attending provider did not state when the applicant was last tested. The attending provider did not state which drug tests and/or drug panels were being

sought and/or why. Since several ODG criteria for pursuit of drug testing/drug screening were not met here, the request was not medically necessary.

Oxycontin 40mg #150 DOS: 9/25/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of improved functioning and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant acknowledged, in his application, that he had been deemed "disabled." The applicant is consistently described as having difficulty performing activities of living as basic as standing and walking and was, furthermore, described as bedridden owing to pain on another occasion. While the attending provider did report some reduction in pain scores on the 9/3/14 office visit, referenced above, this is outweighed by the applicant's heightened complaints of pain on multiple prior and subsequent visits, and the attending provider's failure to recount any material improvements in function achieved as a result of the same. The information on file does /did not make a compelling case for continuation of Oxycontin. Therefore, the request was not medically necessary.