

Case Number:	CM14-0021701		
Date Assigned:	05/05/2014	Date of Injury:	01/25/2003
Decision Date:	08/04/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 66-year-old male who has submitted a claim for lumbar radiculopathy, lumbar facet arthropathy, lumbar degenerative disc disease, lumbar discogenic spine pain, and failed back surgery syndrome; associated with an industrial injury date of 01/25/2003. Medical records from 2013 to 2014 were reviewed and showed that patient complained of back and bilateral lower extremity pain, graded 4-7/10. Pain is relieved by heat, rest, and medications. Physical examination showed that patient had an antalgic gait. Diffuse tenderness was noted over the lumbar/sacral area. Motor testing was symmetric. Treatment to date has included medications, physical therapy, home exercise program, and back surgery (undated). Utilization review, dated 01/24/2014, denied the request for Percocet because there was no documented symptomatic and functional improvement derived from its long-term use; and denied the request for drug screening because there was no documentation of provider concerns over patient concerns over patient use of illicit drugs or non-compliance with prescription medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids
Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: 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. In this case, patient has been prescribed Percocet since September 2013. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Percocet 10/325MG #120 is not medically necessary.

TOXICOLOGY SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids
Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain
Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: As stated on page 94 of Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the patient can be classified as 'low risk' due to absence of psychiatric comorbidity. Urine drug tests have been performed on 01/22/2013, 05/21/2013, 08/27/2013, and 11/12/2013, which were consistent with prescribed medications. However, the number of UDS performed exceeds the recommended amount of urine drug tests given that the patient is low risk for drug abuse. Therefore, the Toxicology screen is not medically necessary.