

Case Number:	CM14-0028702		
Date Assigned:	06/16/2014	Date of Injury:	06/20/1996
Decision Date:	08/14/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/06/2014

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 Texas and Oklahoma. 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 injured worker is a 62-year-old male who reported an injury on 06/20/1996 due to an unknown mechanism. The injured worker had a physical examination on 04/07/2014 that revealed complaints of low back pain and leg pain. There were no new pain symptoms. The injured worker stated that the medical foods were helping with his symptoms and that he was able to take no more than the prescribed dosage of OxyContin while using the medical foods. The injured worker rated his pain as 5/10. Without pain medications, the injured worker rated his pain at +10/10, and with pain medications the score was 5/10. The injured worker had urine drug screens on a regular basis. It was noted that a couple of the urine drug screens were inconsistent, they were positive for cyclobenzaprine which was not prescribed. On another urinalysis, ethanol alcohol was detected. Medications for the injured worker were oxycontin 40mg 2 twice daily, Norco 10/325mg 2 every 8 hours, gabapentin 600mg 2 at bedtime, Elavil 25mg 1-2 at bedtime for insomnia. Diagnoses for the injured worker were lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, neuropathic pain, bilateral lower extremity paresthesias. The injured worker decided to for-go the pain pump due to severe psoriasis which prevented the surgery. Treatment plan was to continue with medications and re-evaluation in 3 weeks. Past treatment plans were not reported. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN QTY: 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening, Opioids, Steps to take Before Therapeutic Trial of Opioids Page(s): 43, 77.

Decision rationale: The request for urine drug screen quantity 1 is certified. The California Medical Treatment Utilization Schedule for drug testing states as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The guidelines also suggest consider the use of the urine drug screen to assess for the use of the presence of illegal drugs. The guidelines do not state how often a drug screen is recommended. That is left up to the discretion of the prescriber. A written consent or pain agreement for chronic use is not required, but may make it easier for the physician and surgeon to document patient education, the treatment plan, and informed consent. This should include the consequences of nonadherence. The injured worker is taking OxyContin and Norco. A prior urine drug screen was noted to have been inconsistent with his prescribed medication regimen and another urine drug screen was positive for alcohol. Therefore, given the prior inconsistent urine drug screen and given the injured worker is taking Oxycontin and Norco, a repeat urine drug screen would be supported in an effort to assess for continued compliancy. Therefore, the request is certified.

OXYCONTIN 40MG QTY: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy, On-going Management Page(s): 77, 78.

Decision rationale: The request for OxyContin 40 mg quantity 120 is non-certified. The request does not indicate a frequency for the medication. The California Medical Treatment Utilization Schedule states 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. 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 nonadherent) 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). There was no documentation for functional improvement for the injured worker as a result of the medication. The injured worker stated pain decreased from +10/10 without medications then to 5/10 with medications. The opioid morphine equivalent dose exceeds the recommended daily dose of 120. The injured worker is taking 240mg of morphine daily. Therefore, the request is non-certified.

NORCO 10/325MG QTY: 180.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy, On-going Management Page(s): 77.

Decision rationale: The request for Norco 10/325 mg quantity 180 is non-certified. The request does not indicate a frequency for the medication. The California Medical Treatment Utilization Schedule states 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. 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 nonadherent) 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). There was no documentation for functional improvement for the injured worker with the use of the medication. The injured worker stated the pain decreased from +10/10 without medications then to 5/10 with medications. The opioid morphine equivalent dose is 240mg daily which does exceed the recommended 120mg of morphine daily when combined with Oxycontin. Therefore, the request for Norco 10/325 mg quantity 180 is non-certified.