

Case Number:	CM14-0034891		
Date Assigned:	06/23/2014	Date of Injury:	06/23/2008
Decision Date:	07/24/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 36 year old female that had a reported date of injury of 06/23/08. No clinical documentation submitted describing the mechanism of injury. Her main complaints are thoracic and lumbar spine. The most recent note dated 06/04/14 the injured worker was at this visit for a follow up visit; her primary complaint is pain throughout her spine. She states that her pain levels have been worse since her last visit. She mentioned that she is now pregnant. She states that her medications provide adequate pain relief. And she mentioned that she would like to come off her medication now that she is pregnant but would like not to have any withdrawals. She will need to be on Methadone and Hydrocodone. Her medications include Ativan oral tablet 1mg, Buspirone oral tablet 3mg, Clonazepam oral tablet 2mg, Mobic oral tablet 15mg, Morphine oral tablet extended release 30mg, Oxycodone oral tablet 10mg, Paxil oral tablet 20mg, Reglan oral tablet 10mg and Trepadone. Prior treatment has been bed rest, medications, surgery, multiple urine drug screens. She was diagnosed with abuse of drugs and was admitted to rehab program for a few days. Prior utilization review dated 02/10/14 was non-certified. The current request is for retrospective request for 1 prescription of Klonopin date of service 02/05/14, retrospective request for 1 prescription of Morphine date of service 02/05/14, retrospective request for 1 prescription of Oxycodone date of service 02/05/14 and retrospective request for 1 urine drug test date of service 02/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 Rx of Klonopin (DOS 2/5/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medication, Benzodiazepines.

Decision rationale: The request request for one prescription of Klonopin date of service 02/05/14 is not medically necessary. The current evidence based guidelines do not support the request for Klonopin. Klonopin is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. Therefore, medical necessity has not been established.

Retrospective request for 1 Rx of Morphine (DOS 2/5/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, opioid's.

Decision rationale: The request for retrospective request for one prescription of Morphine date of service 02/05/14 is not medically necessary, The clinical documents submitted for review and current evidence based guide lines do not support the request for Morphine. Morphine is not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Opioids may be recommended as a 2nd or 3rd line treatment option for chronic non-malignant pain, with caution, especially at doses over 100 mg morphine equivalent dosage/day (MED). No documentation of functional improvement. Therefore medical necessity has not been established.

Retrospective request for 1 Rx of Oxycodone (DOS 2/5/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, opioid's.

Decision rationale: The request for retrospective request for 1 prescription of Oxycodone date of service 02/05/14 is not medically necessary. The clinical documents submitted for review and current evidence based guide lines do not support the request for Oxycodone. No documentation of functional improvement. Not recommended as a first-line treatment for chronic non-malignant

pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Opioids may be recommended as a 2nd or 3rd line treatment option for chronic non-malignant pain. Therefore medical necessity has not been established.

Retrospective request for 1 urine drug screen (DOS 2/5/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES, STEPS TO AVOID MISUSE/ADDICTION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT).

Decision rationale: The request for a Retrospective request for 1 urine drug test date of service 02/05/14 is not medically necessary. The clinical documentation does not support the request. She has had multiple urine drug screens. She was diagnosed with abuse of drugs and was admitted to rehab program for a few days. Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. She was diagnosed with abuse of drugs and was admitted to rehab program for a few days. Therefore medical necessity has not been established.