

Case Number:	CM14-0047917		
Date Assigned:	07/02/2014	Date of Injury:	06/09/2003
Decision Date:	08/18/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 Pain Management 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 injured worker is a 50 year old male with a date of injury on 6/9/03. He has been complaining of severe cervical and low back pain. His exam has shown tenderness in the cervical spine. His motor strength was 4/5 in the left upper extremity and his sensory testing was normal. There was tenderness in the lumbar spine at the facet joints. Sensation was diminished in the right L5 and left L4, L5 and S1 nerve roots distribution. His strength was 4/5 in the left quadriceps, extensor hallucis longus, and gastrocnemius. His straight leg reflex was positive at 30 degrees. His medications include Morphine Sulfate Contin, Dilaudid, Flexeril, Clonazepam, Cymbalta, Lyrica, and Soma. The injured worker's urine drug test on 11/25/13 was consistent with expected results. He is diagnosed with chronic pain syndrome, post laminectomy syndrome of cervical region and lumbar spine, lumbar radiculitis, and myofascial pain syndrome. The request for Dilaudid, Flexeril, and urine drug testing was denied on 3/26/14 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Urine drug test (Date of Service 01/22/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Pain Procedure Summary last updated 01/07/2014: Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, 2013, Chronic Pain, Drug Testing.

Decision rationale: As per California Medical Treatment Utilization Schedule guidelines and Official Disability Guidelines, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per Official Disability Guidelines, injured worker 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, this injured worker has chronic pain and is taking opioids. The urine drug screening is appropriate for injured workers taking opioids. This injured worker had prior urine drug screening done on 11/25/13 which was consistent with expected results. Furthermore, there is no evidence of any aberrant behavior or non-compliance to necessitate frequent monitoring with urine drug testing. Hence, the urine drug screen on 1/22/14 was not medically necessary.

Prospective Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Pain Procedure Summary last updated 01/07/2014: Urine Drug Testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2013, Chronic Pain, Drug Testing.

Decision rationale: As per California Medical Treatment Utilization Schedule guidelines and Official Disability Guidelines, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per Official Disability Guidelines, injured workers 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, this injured worker has chronic pain and is taking opioids. The urine drug screening is appropriate for injured workers taking opioids. This injured worker had prior urine drug screening done on 11/25/13 which was consistent with expected results. Furthermore, there is no evidence of any aberrant behavior or non-compliance to necessitate frequent monitoring with urine drug testing. Hence, the request for a repeat urine drug screen less than one year from the initial test is not considered medically necessary.

Dilaudid 8mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-76.

Decision rationale: As per California Medical Treatment Utilization Schedule guidelines, 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 non-adherent) 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). The guidelines also note that opioids, such as Dilaudid may be efficacious for short-term use, but the efficacy of long-term use is limited. The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not demonstrate this return to work. There is no documentation of any significant improvement in function or pain level with prior use. Ongoing opioid usage, in the absence of clinically significant improvement is not supported. Therefore, the medical necessity of Dilaudid has not been established.

Flexeril 10mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Flexeril is recommended as an option, using a short course. In this case, there is no clear evidence of any muscle spasm on examination. The medical records do not demonstrate any significant improvement in pain or function with prior use. Furthermore, chronic use of muscle relaxants is not recommended by the guidelines. Therefore, the medical necessity for the refill of Flexeril 10mg #90 is not established.