

Case Number:	CM14-0049767		
Date Assigned:	07/07/2014	Date of Injury:	05/15/2004
Decision Date:	08/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 05/15/2004. The mechanism of injury was a fall. His diagnoses include chronic severe osteoarthritis of the right knee, chronic cervicalgia, cervical degenerative disc disease, chronic low back pain, and intermittent lumbar radicular pain due to failed back surgery syndrome. His past treatments included topical analgesics, cervical epidural steroid injection, medications, participation in a home exercise program, physical therapy, aquatic therapy, lumbar epidural steroid injections, and previous back surgery. His diagnostic tests included a urine drug screen performed on 04/23/2014 which was noted to reveal minimal alcohol. His surgical history included a lumbar fusion in 04/2007. On 04/23/2014, the patient presented with complaints of continued pain rated 9/10 without medications and 6/10 with medication. It was noted that use of medications allowed the patient to maintain function, increase mobility, tolerate his activities of daily living, and participate in home exercises. It was noted that he denied intolerable side effects associated with use of these medications. His physical examination revealed decreased range of motion in the lumbar spine, positive bilateral straight leg raising, abnormal toe and heel walking, decreased motor strength in the right lower extremity, and absent right ankle reflexes. His medications were noted to include OxyContin 30 mg, Norco 10/325 mg, Flexeril 5 mg, nabumetone 500 mg, Neurontin 600 mg, Senekot 8.6/50 mg, and trazodone 50 mg. The treatment plan included medication refills and a urine drug screen. It was also noted that authorization had been requested for a lumbar epidural steroid injection. It was noted that the injured worker was warned of the adverse effects of high dose opioids. It was noted that the injured worker had not shown any signs of aberrant behaviors or abuse in his most recent urine drug screen and CURES reports had been appropriate. The rationale for the requested urine drug screen was to monitor compliance with his medication regimen, the rationale for the epidural steroid injection was not provided, and the rationale for

the requested Norco and OxyContin were to maintain pain control and increased function. The Request for Authorization Forms were submitted on 04/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, page 78 Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, use of urine drug screening is supported for patients taking opioid medications to monitor appropriate medication use or for suspected misuse. The clinical information submitted for review indicated that the patient had had consistent results on urine drug screens. However, the results from a 04/23/2014 test indicated that the test had been positive for alcohol, but it was not noted that the test had revealed evidence of his opioid medications. The documentation submitted failed to include details regarding this test result and the recommended frequency of urine drug screens in the future. In the absence of documentation regarding his most recent urine drug screen result which did not show evidence of opioids, the need for an additional test cannot be established at this time. Therefore, the request is not medically necessary.

One lumbar epidural steroid injection .: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46 Page(s): 46.

Decision rationale: According to the California MTUS Guidelines, repeat epidural steroid injections may be recommended with continued evidence of objective improvements including at least 50% pain relief for at least 6 to 8 weeks after previous injections, with associated reduction in medication use. The clinical documentation submitted for review indicated that the patient had undergone previous lumbar epidural steroid injections. However, details regarding the amount of pain relief received after these injections, evidence of functional improvement, and decreased medication use, were not provided. In the absence of this documentation, and evidence of increased function, at least 50% pain relief, and reduction of medication use, repeat epidural steroid injections are not supported. As such, the request is not medically necessary.

One prescription of Norco 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, Criteria for Use, On-going Management, page 78 Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the patient had pain relief with use of his current medications. Specifically, his 04/23/2014 note indicated that use of his medications decreased his pain from a 9/10 to a 6/10. In addition, it was noted that his medications allowed for increased function and participation in a home exercise program and he denied intolerable side effects. In addition, it was noted that he had consistent results on urine drug screens and CURES reports and that he had not shown aberrant signs. However, the documentation indicated that his 04/23/2014 urine drug screen had revealed evidence of alcohol, with no noted Norco or OxyContin. The documentation failed to address this possible inconsistent result. In the absence of documentation showing evidence of OxyContin and Norco on urine drug screen, continued use is not supported. In addition, the request failed to provide a frequency, as such, the request is not medically necessary.

One prescription of Oxycontin 30 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, page 78 Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the patient had pain relief with use of his current medications. Specifically, his 04/23/2014 note indicated that use of his medications decreased his pain from a 9/10 to a 6/10. In addition, it was noted that his medications allowed for increased function and participation in a home exercise program and he denied intolerable side effects. In addition, it was noted that he had consistent results on urine drug screens and CURES reports and that he had not shown aberrant signs. However, the documentation indicated that his 04/23/2014 urine drug screen had revealed evidence of alcohol, with no noted Norco or OxyContin. The documentation failed to address this possible inconsistent result. In the absence of documentation showing evidence of OxyContin and Norco on urine drug screen, continued use is not supported. In addition, the request failed to provide a frequency, as such, the request is not medically necessary.