

Case Number:	CM14-0069647		
Date Assigned:	07/14/2014	Date of Injury:	11/08/2008
Decision Date:	09/15/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/14/2014

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 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 51-year-old female with date of injury 11/08/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/10/2014, lists subjective complaints as neck pain with radicular symptoms to the right shoulder, and low back pain with radicular symptoms to the left knee. Objective findings: Examination of the cervical spine and right upper extremity revealed range of motion restricted by pain in all directions. Cervical extension was worse than cervical flexion. Lumbar spine: Ranges of motion were restricted in all directions due to pain. Lumbar extension worse than lumbar flexion. Lumbar Discogenic provocative maneuvers, including pelvic rock and sustained hip flexion, were positive bilaterally. Diagnosis include status post fluoroscopically-guided bilateral L4-5 and bilateral L5-S1 rhizotomy; status post fluoroscopically-guided bilateral L4-5 and bilateral L5-S1 facet joint medial branch block; bilateral lumbar facet joint pain at L4-5, L5-S1; lumbar facet radiculopathy; lumbar degenerative disc disease; central L4-5 disc protrusion measuring 3mm; central L5-S1 disc protrusion measuring 2.5mm; lumbar strain/sprain; cervical facet joint pain; cervical facet joint arthroscopy; cervical strain/sprain; and status post left total knee replacement. The medical records provided for review document that the patient has been taking the following medication for at least as far back as one year. Medication includes Oxycodone 30mg, #120 every 6 hours as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one in-office random 12-panel urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates (Steps to Avoid Misuse/Addiction, Criteria for Use of Urine Drug Testing).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record previous urine drug screen had been used for any of the above indications because the last several request for authorization for opioids have not been authorized, yet the provider continues to submit multiple requests. Therefore, the request is not medically necessary.

Prospective request for one prescription for Oxycodone 30 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Acute & Chronic), Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. The last several requests for authorization for opioids have been not medically necessary.