

Case Number:	CM14-0072204		
Date Assigned:	07/16/2014	Date of Injury:	11/22/2000
Decision Date:	09/16/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/19/2014

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 Preventative Medicine, has a subspecialty in Occupational and is licensed to practice in Iowa. 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:

This patient is a 65 year old female employee with date of injury of 11/22/2000. A review of the medical records indicates that the patient is undergoing treatment for sprain of thoracic region; cervical spine spondylosis and lumbar spine spondylosis. Subjective complaints include pain in lower back and neck, decreased sensation in both hands and feet. She states that she has had to perform work beyond her restrictions and now she is experiencing headaches, numbness, tingling, radiating pain and weakness in both lower and upper extremities. Objective findings include tenderness and spasms over cervical, thoracic and lumbrosacral paravertebral musculature. There is decreased sensation to both hands and feet. Straight leg raising test produces lumbar spine pain extending to posterior thighs in both legs. Treatment has included Tramadol, Ketoprofen, Cyclobenzaprine, Imitrex, Hydrocodone 2.5mg with minimal improvement of pain. The utilization review dated 4/28/14 partially certified the requests for Urine toxicology testing in 60-90 and Two (2) hydrocodone - acetaminophen 2.5 mg / 325 mg (regular) #60 1 every six hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology testing in 60-90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg. 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening for inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)", would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags, "Twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December." The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for Urine toxicology testing in 60-90 days is not medically necessary.

(2) Hydrocodone - Acetaminophen 2.5 mg / 325 mg (regular) #60 1 every six hours or 1-2 4-6 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone , age Opioids Page(s): 51, 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that, "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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Two (2) hydrocodone - acetaminophen 2.5 mg / 325 mg (regular) #60 1 every six hours or 1-2 4-6 hours is not medically necessary.

