

Case Number:	CM14-0078289		
Date Assigned:	07/18/2014	Date of Injury:	08/27/1994
Decision Date:	12/12/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/28/2014

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 & Rehabilitation and is licensed to practice in Alabama, New York, and Maryland. 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 58 year old male who was injured on 08/27/1994. Prior medication history included hydrocodone-ibuprofen 15 mg, Prevacid. Urine drug screen dated 12/03/2013 revealed positive results for Oxycodone. Progress report dated 05/08/2014 documented the patient presented with low back pain with radiating to both lower extremity and also neck pain. He reported pain relief with medication regimen. He rated his pain at its best is 4/10 and at its worst is 9/10 with associated throbbing, stabbing, cramping, and weakness. Objective findings on exam revealed tenderness over the bilateral SI joint area and severe tenderness over the facet joint area. Straight leg raise is negative. Deep tendon reflexes are equal in bilateral and upper extremities. The patient is diagnosed with cervical spondylosis; lumbar degenerative disk disease; left cervical radiculopathy; lumbar spondylosis; and chronic pain. He was recommended for Oxycodone hcl 15 mg tabs and urine toxicology drug screening. Prior utilization review dated 05/19/2014 states the request for Oxycodone hydrochloride 15mg #150 is modified 15 mg #60; Toxicology Screen is modified to 10 panel random urine drug screen for qualitative analysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone hydrochloride 15mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-94.

Decision rationale: The CPMT recommends the use of opiates for the use of managing chronic pain when there is failure to respond to a time-limited course of opioids leading to the suggestion of reassessment and consideration of alternative therapy. To avoid risk, there should be monitoring of the opiate use with UDS and provider feedback. The medical records document that the patient is having significant improvement in pain and functional status with the medication. Further, the documents show that there is no documentation to show a current urine drug test, attempt at weaning, nor an updated and signed pain contract. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Toxicology Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary Urine Drug Screen

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine drug testing (UDT)

Decision rationale: As per the ODG guidelines, urine drug testing (UDT) is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. However, the frequency of urine drug testing may be dictated by state and local laws. This patient has been on opioids for a long period of time and a random urine drug test would be recommended. Therefore the request is medically necessary.