MAXIMUS Federal Services

Case Number:	CM14-0079730		
Date Assigned:	07/18/2014	Date of Injury:	09/22/2001
Decision Date:	09/15/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/30/2014

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 injured worker is a 58 year old female employee with a date of injury on 9/22/2001.A review of the medical records indicate the patient is undergoing treatment for neck pain, carpal tunnel, cervical disc herniations (C4-5, C5-6, C6-7), lumbar pain, and left shoulder impingement. Subjective complaints (3/27/2014) include pain to cervical spine, left shoulder, thoracic spine, and lumbar spine rated at 6/10 with medications. Documents also indicate no change to pain since her prior visit of 9/4/2013. Objective findings (3/27/2014) include 20 degree cervical flexion, 40 degree cervical extension, 30 degree lateral flexion bilaterally, 60 degree lateral rotation bilaterally, decreased sensation in C5-8 dermatomes (right) and C5-7 dermatomes (left), normal upper extremity reflexes, 15 degree lumbar right lateral bending, 20 degree left lumbar lateral bending, 60 degree lumbar flexion, 10 degree lumbar extension, and decreased sensation in L5-S1 dermatomes on left. The treating physician notes on 3/27/2014 consistent urine drug screening from 9/4/2013. The treating physician notes on 6/26/2014 inconsistent results from a urine drug screening from 3/27/2014 with the absence of MS Contin. Treatment has included cervical fusion C6-7 (12/16/2005), right carpal tunnel release (2005), L4-5 pseudo-fusion (8/13/2002), hydrocodone (since 5/2009), Lidoderm patches, MS Contin, and home exercises.A utilization review dated 4/23/2014 non-certified the request for - Norco, 10-325 mg, #120 due to lack of documented improvement- MS Contin, 30 mg, #90 due to lack of documented improvement- MS Contin, 15 mg, #90 due to lack of documented improvement- Urine toxicology screening test due to denial of ongoing opioid treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, 10-325 mg, #120: 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 Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Pain, Opioids.

Decision rationale: The ODG does not recommend the use of opioids for neck and low 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. Medical records indicate that pain and functionality has not improved. Given that the patient has been on opioids for many years, it is appropriate for weaning to occur. As such, the question for Norco 325/10mg # 120 is not medically necessary.

MS Contin, 30 mg, #90: 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 Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Pain, Opioids.

Decision rationale: MS Contin is a pure opioid agonist. ODG does not recommend the use of opioids for low 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. Medical records indicate that pain and functionality has not improved. Given that the patient has been on opioids for many years, it is appropriate for weaning to occur. The treating physician has also noted inconsistent urine drug screening with MS Contin in the past. A

prescription of this length without interval review is not advised. As such, the request for MS Contin 30 MG # 90 is not medically necessary.

MS Contin, 15 mg, #90: 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 Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Pain, Opioids.

Decision rationale: MS Contin is a pure opioid agonist. ODG does not recommend the use of opioids for low 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. Medical records indicate that pain and functionality has not improved. Given that the patient has been on opioids for many years, it is appropriate for weaning to occur. The treating physician has also noted inconsistent urine drug screening with MS Contin in the past. A prescription of this length without interval review is not advised. As such, the request for MS Contin 15 MG # 90 is not medically necessary.

Urine toxicology screening test: 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 Drug Testing, Opioids Page(s): 43,74-96. Decision based on Non-MTUS Citation Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The 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 or 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. ODG further clarifies frequency of urine drug screening:-"low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.-"moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.-"high risk" of adverse

outcomes may require testing as often as once per month.The opioids requested are non-certified and additional urine drug screening is not necessary. Additionally, the request by the treating physician does not detail the actual reason for a urine toxic screening. While, the treating physician notes an inconsistent result, the treating testing and dispensing of opioid did not actually change. The employee has had at least 3 urine drug screenings in the past year and would be classified as "moderate" risk. A urine drug screening at every medical evaluation is not indicated. As such, the current request for Urine toxicology screening test is not medically necessary.