

Case Number:	CM14-0098351		
Date Assigned:	07/28/2014	Date of Injury:	12/07/2001
Decision Date:	09/29/2014	UR Denial Date:	05/26/2014
Priority:	Standard	Application Received:	06/26/2014

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 and Rehabilitation and Pain 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:

This is a 54-year-old male who sustained a remote industrial injury on 12/07/01 diagnosed with status post several surgeries, chronic pain syndrome, chronic severe low back pain, neuropathic pain in the lower extremities, left hip internal derangement, chronic bilateral hip pain, bilateral sacroiliitis, osteoarthritis of bilateral knees, anxiety and depression due to chronic pain, insomnia, gastritis secondary to medication usage, and failed back surgery syndrome. Mechanism of injury occurred as the patient was exiting his vehicle while on the job and experienced a popping sensation in his lower back. The requests for 120 Percocet 10/32mg and 10 Fentanyl 100mcg were non-certified at utilization review due to the lack of specific, measurable evidence of subjective or objective functional improvement with the use of these medications. The request for 1 urine drug test was also non-certified at utilization review due to urine drug screens being recommended twice yearly and the patient was last certified for a urine drug screening on 05/15/14. The most recent progress note provided is 02/17/14. Patient complains primarily of constant low back pain rated as a 7/10 with radiation to the bilateral lower extremities and into the feet, associated with numbness, tingling, and weakness. Patient also complains of constant bilateral hip pain also rated as a 7/10 with associated numbness and tingling. Patient also reports complaints of insomnia. Physical exam findings reveal restricted range of motion of the lumbar spine; straight leg raise test is positive bilaterally; lower extremity motor strength weakness as noted in the bilateral hip flexor and quadriceps muscle groups at 4/5; and the patient ambulates with a single-point cane. Current medications include: Cymbalta, Ambien, topical creams, Lyrica, Senna, Percocet, Fentanyl patches, Prilosec, and Lidoderm patches. It is noted that the patient is attending physical therapy. Provided documents include several previous progress reports, psychological evaluations, subjective patient questionnaires, operative reports, a laboratory report, an echocardiogram report, urine toxicology

reviews/reports, and a urinalysis dated 01/06/14 that reveals inconsistent results. The patient's previous treatments include several surgeries, physical therapy, steroid injections, and pain medications. Imaging studies provided include a bone scan, performed on 01/31/14. The impression of the scan reveals abnormal osteoblastic reaction around the acetabular component area of the left proximal femur prosthesis, which is compatible with an element of inflammation or loosening. A CT scan of the left hip, performed on 05/24/13, is also included and reveals cystic changes of the acetabular area of the bone and the patient is status post total hip replacement and an x-ray of the pelvis, performed on 09/04/13, reveals bilateral hip prostheses are in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, qty 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 Page(s): 76-80.

Decision rationale: According to California MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this case, the treating physician does not quantifiably document any functional improvement or pain relief with visual analogue scale scores pre- and post-opioid use. There is also no documentation of a pain contract on file and the results of the most recent urine drug screen are inconsistent. Further, the dosing frequency of this medication is not specified in the request. Due to this lack of documentation, the ongoing use of chronic opioids is not supported by MTUS guidelines and non-certification of Percocet 10/325mg, quantity 120 is recommended.

Fentanyl 100mcg, qty 10: 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 Page(s): 76-80.

Decision rationale: According to California MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this case, the treating physician does not quantifiably document any functional improvement or pain relief with visual analogue scale scores pre- and post-opioid use. There is also no documentation of a pain contract on file and the results of the most recent urine drug screen are inconsistent. Further, the dosing frequency of this medication is not specified in the request. Due to this lack of documentation, the ongoing use of chronic

opioids is not supported by MTUS guidelines and non-certification of Fentanyl 100mcg, quantity 10 is recommended.

Urine Drug Test: 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 Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT).

Decision rationale: California MTUS guidelines and ODG support urine drug screening/toxicology testing for patients undergoing chronic opioid therapy. According to ODG, "If unexpected results are found, documentation of the ensuing conversation, including patient's explanation should be made." Provided documentation highlights that the patient has had a recent urinalysis performed that revealed inconsistencies with the patient's medication. However, there is no documentation of an ensuing conversation between the treating physician and patient about these inconsistencies. Until this conversation ensues, the use of urine drug screens cannot be supported by guidelines. Further, it is unclear why the patient is still continuing the use of opioid medications when previous results were inconsistent and a rationale behind this request is not provided. Thus, the request for Urine Drug Test is non-certified.