

Case Number:	CM14-0189484		
Date Assigned:	11/20/2014	Date of Injury:	04/16/2001
Decision Date:	01/08/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/13/2014

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:

Patient is a 40 year-old male with date of injury 04/16/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/16/2014, lists subjective complaints as pain in the low back with radicular symptoms to the legs. Objective findings: Examination of the lumbar spine revealed tenderness to palpation over the spine from mid thoracic to low lumbar area with paraspinal atrophy. Moderate paraspinal spasm was also noted throughout the lumbar paraspinals. Range of motion for the lumbar spine was: extension 10 degrees, flexion 10 degrees and right and left lateral flexion 10 degrees. Diagnosis: 1. Status post dual lead spinal cord stimulator trial 2. Depression and anxiety 3. Gait instability from spinal nerve injury 4. Subsequent paddle Lamitrode implant 5. Status post multiple thoracic and lumbar fractures requiring fusion from T2-T11 with radiculopathy and combined upper and lower motor neuron injury findings 5. Erectile dysfunction 6. Constipation from medication 7. Chronic pain syndrome. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. Medications included the following: 1. MS Contin 30mg, #180 SIG: TID 2. MSIR 30mg, 390 SIG: TID PRN.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen on date of service 10/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Screen

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 that a urine drug screen was to be used for any of the above indications. Urine drug screen on date of service 10/15/2014 is not medically necessary.

MS Contin 30mg quantity 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: 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. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The "four A.'s" for ongoing monitoring of chronic opioid use are poorly documented. There is partial documentation that the patient has improved functioning and less pain with this current medication regimen; based on this, I am reversing the previous utilization review decision. MS Contin 30mg quantity 180 is medically necessary.

MSIR 30mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is insufficient documentation of the above criteria for either of narcotics that the patient has been taking. MSIR 30mg quantity 90 is not medically necessary.

