

Case Number:	CM14-0194789		
Date Assigned:	12/02/2014	Date of Injury:	09/25/2003
Decision Date:	01/16/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/20/2014

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 Pain Management and Rehabilitation, 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 patient is a 59 year old male with date of injury 09/25/03. The treating physician report dated 09/17/14 indicates that the patient presents with pain affecting the cervical spine, shoulders, and low back radiating down BLE's. The physical examination findings reveal cervical spine inspection alignment is normal and no muscle atrophy; soft tissue palpation on the right; no tenderness of the scalene muscle, the sternocleidomastoid, the supraclavicular fossa, the trapezius, the levator scapulae, or the rhomboid; no trigger point pain; and tenderness of the paracervicals, soft tissue palpation on the left; no crepitus; Active ROM; Lumbar Spine inspection shows normal alignment with no tenderness. Prior Treatment history includes confirmatory medial branch nerve block right L3-4 and L4-5 on 9/11/13, prescription medications which include opioids, and employment of a TENS unit. The current diagnoses are: 1. Cervical post-laminectomy syndrome 2. Displacement of cervical intervertebral disc without myelopathy 3. Displacement of lumbar intervertebral disc without myelopathy 4. Disorder of trunk 5. Disorder of back The utilization review report dated 10/22/14 denied the request for Urine Drug Screen and Fentanyl based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen done on 9/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 74-96.

Decision rationale: The patient presents with chronic cervical and lumbar back pain. The current request is for a Urine Drug Screen. The treating physician states that the patient is currently prescribed Hydrocodone 10mg, Omeprazole 20mg, Fentanyl patches, Acetaminophen 325mg and Senokot Xtra 17.2mg. Regarding UDS's, the MTUS guidelines recommends UDS's but do not specifically address how frequent UDS should be obtained for various risks of opiate users. The ODG guidelines state that for patients at medium risk for aberrant drug seeking behavior that 2-3 screens are allowed. In reviewing the report, there is documentation of urine drug screenings in August and September 2014 and there is no mention of any risk factors present in this patient. There is also no indication in the report dated 09/17/14 (50) that patient is abusing the opioids he is prescribed. Based on the documentation provided and reviewing the reports, the current request is not supported by the guidelines. Therefore, the request for Urine Drug Screen is not medically necessary.

Urine Drug Screen at next visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Low Back chapter: Urine drug testing

Decision rationale: The patient presents with chronic cervical and lumbar back pain. The current request is for a Urine Drug Screen. The treating physician states that the patient is currently prescribed Hydrocodone 10mg, Omeprazole 20mg, Fentanyl patches, Acetaminophen 325mg and SenokotXTRA 17.2mg. Regarding UDS's, MTUS Guidelines, recommends UDS's but do not specifically address how frequent UDS should be obtained for various risks of opiate users. In reviewing the report, there is documentation of urine drug screenings in August and September 2014. In this case we must turn to ODG for frequency of urine drug screening. ODG allows for one test per year for low risk patients, 2-3 times per year for moderate risk patients and high risk patients may require testing once monthly. In this case there is no documentation provided that this patient is dealing with any substance abuse to place him in the monthly high risk category. The requested Urine Drug Screen at next visit is not medically necessary.

Fentanyl 12 mcg patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47 & 80-85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 74-96.

Decision rationale: The patient presents with chronic cervical and lumbar back pain. The current request is for a Fentanyl 12 mcg Patches. The treating physician states that the patient is currently prescribed Hydrocodone 10mg, Omeprazole 20mg, Acetaminophen 325mg and Senokot Xtra 17.2mg. MTUS page 44 states "Duragesic (fentanyl transdermal system) Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin." In this case, the patient is on low dose Fentanyl patch along with Norco. The guidelines on pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the report dated 09/17/14 the treating physician does indicate that the patient's ADL's are drastically improved by the medication. However, there is no documentation of any adverse side effects or behavior and the physician only states a 30% improvement without using before and after pain scales. The guidelines require much more thorough documentation of all 4 A's for continued opioid usage. Ultimately, the current documentation provided does not fulfill the requirements as outlined in the MTUS guidelines. Therefore, the request for Fentanyl 12 mcg patches is not medically necessary.