

Case Number:	CM14-0197798		
Date Assigned:	12/08/2014	Date of Injury:	06/11/1997
Decision Date:	10/13/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 51 year old male with an industrial injury dated 06-11-1997. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine disk syndrome with sprain and strain disorder, bilateral polyradiculopathy, status post laminectomy fusion operative procedure postoperative laminectomy fusion syndrome, clinical presentation of central cord syndrome and quadriparesis; lumbosacral spine disk syndrome with sprain and strain disorder, bilateral polyradiculopathy, status post laminectomy fusion operative procedure postoperative laminectomy fusion syndrome, and cauda equine syndrome, arachnoiditis, phlebitis and paraparesis; and chronic pain syndrome with idiopathic insomnia. Treatment consisted of urine drug screens dated 09-03-2014 and 07-02-2014, prescribed medications, and periodic follow up visits. Medical records (07-02-2014 to 10-29-2014) indicate ongoing neck and low back sharp, stabbing pain, stiffness, weakness, numbness, paresthesia and generalized discomfort. The injured worker reported a good but partial response to medication. Objective findings (07-02-2014 to 10-29-2014) revealed reduced strength and sensation in all four limbs, reduced range of motion of the cervical and lumbosacral spines in all planes, augmented touch floor gap and reduced bilateral straight leg raising measurements. Tender painful bilateral cervical and lumbosacral paraspinal muscular spasms, reduced sensation and strength of bilateral C7-C8, bilateral T1, bilateral L5 and bilateral S1 spinal nerve roots and absent bilateral deep tendon reflexes were also noted on exam. The treatment plan consisted of urine drug screen and medication management. The treating physician prescribed services for retrospective urine drug screen (DOS: 10-29-2014), now under review. Utilization Review

determination on 11-18-2014, non-certified the request for retrospective urine drug screen (DOS: 10-29-2014)

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine drug screen (DOS: 10/29/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids. The patient was on opioids at the time of request and therefore the request is medically warranted.