MAXIMUS Federal Services

Case Number:	CM14-0199842		
Date Assigned:	12/10/2014	Date of Injury:	12/29/2001
Decision Date:	01/23/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal 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 (IW) is a 40-year-old woman with a date of injury of December 29, 2001. The mechanism of injury was not documented in the medical record. The injured worker's working diagnosis is displacement lumbar disc without myelopathy, and sciatica. Pursuant to the Primary Treating Physician's Progress Report dated October 23, 2014, the IW complains of bilateral sciatica pain. The pain is described as stabbing and aching. She reports that she has been using the TENS unit effectively to the low back. Objectively, the IW is using a single point cane. She has moderate tenderness in the lumbosacral spine. Range of motion was not tested due to the injured workers continued pain in the low back. The IW is taking Butrans patch, Tramadol, and Zanaflex. The injured worker has been on Butrans as far back as September 2013 (refills). The documentation is unclear as to when Butrans was started. The documentation does not contain evidence of objective functional improvement while on Butrans. Additionally, there is no evidence of pain relief. A medical history form filled out by the IW indicates there was an accidental drug overdose in 2013, resulting in an emergency room visit. The provider indicates that the IW falls into a moderate opioid risk category on the basis of utilizing Butrans which is currently a scheduled III opioid, and has a moderate potential for addiction, tolerance with dependence. The current request is for Butrans patch 20mcg/hr #8, and 4 serum toxicology screenings per year.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Butrans Patch 20mcg/hr #8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Butrans

Decision rationale: Pursuant to the Official Disability Guidelines, Butrans 20mcg/hr #8 is not medically necessary. Butrans is recommended for selected patients for treatment of opiate dependence and is an option for treatment of chronic pain. Butrans has both agonist and antagonist properties. This drug can be prescribed in physician office by certified physicians. See the ODG for additional details. In this case, the injured worker is a 39-year-old woman with a date of injury December 29, 2001. The injured worker's working diagnoses are lumbar disc without myelopathy, sciatica. The injured worker has been on Butrans as far back as September 2013 (refills). The documentation is unclear as to when Butrans was started. The documentation does not contain evidence of objective functional improvement while on Butrans. Additionally, there is no evidence of pain relief. The documentation does contain a conclusion indicating the injured worker is at intermediate risk for drug misuse or abuse (October 23, 2014). The injured worker was taking Tramadol, Tizanidine, concurrently. Butrans like any opiate has a potential for addiction and misuse. A medical history form filled out by the injured worker indicates there was an accidental drug overdose in 2013. Urine drug screen testing is readily available based on the risk assessment. Consequently, absent the appropriate clinical indications and clinical rationale with evidence of objective functional improvement and a history of accidental drug overdose 2013, Butrans 20mcg/hr is not medically necessary.

4 serum toxicology screenings per year: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Testing

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 4 serum toxicology screenings per year are not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is at low risk, intermediate or high risk for drug misuse or abuse. The guidelines do not contain scientific evidence to support the use of serum toxicology screenings. A thorough physical examination is important to establish/confirm diagnoses and observe/understand pain behavior. Diagnostic studies should be ordered in this context and not

simply for screening purposes. In this case, the treating physician indicates the injured worker is at intermediate risk for drug misuse and abuse (in a conclusory statement October 23, 2014). The documentation does not contain an analysis of what information was used to make that conclusion. A medical history form filled out by the injured worker indicates there was an accidental drug overdose in 2013. Urine drug screen testing is readily available based on the risk assessment. Consequently, absent the appropriate guidelines for serum toxicology screening and the ready availability of urine drug testing, the request for four serum toxicology screenings per year is not medically necessary.