

<b>Case Number:</b>	CM14-0200618		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	10/21/2003
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Emergency 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 is a 56 year-old male, who sustained an injury on October 21, 2003. The mechanism of injury occurred from being hit by flying wood. Treatments have included: cervical laminectomy, physical therapy, medications, TENS, injections. The current diagnoses are: cervical post-laminectomy syndrome, myalgia, depression. The stated purpose of the request for Morphine 30mg, #120 was for pain. The request for Morphine 30mg, #120 was modified for QTY # 68 on November 26, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Exalgo ER 8mg, #30 was for pain. The request for Exalgo ER 8mg, #30 was denied on November 26, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Retrospective Urine drug screen (DOS: 9/5/14) was due to previous discrepancy. The request for Retrospective Urine drug screen (DOS: 9/5/14) was denied on November 26, 2014, citing that the only inconsistent result was from March 14, 2014 report and was consistent on June 19, 2014 report. Per the report dated November 18, 2014, the treating physician noted complaints of chronic neck pain and right arm pain. Exam shows stiff cervical range of motion, paraspinal spasm and tenderness. Also noted was a repeat drug screen due to previous discrepancy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Morphine 30mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate, Morphine Sulfate ER, CR.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain Page(s): 78-80; 80-82.

**Decision rationale:** The requested Morphine 30mg, #120, is not medically necessary. The CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic neck pain and right arm pain. The treating physician has documented stiff cervical range of motion, paraspinal spasm and tenderness. Also noted was a repeat drug screen due to previous discrepancy. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Morphine 30mg, #120 is not medically necessary.

**Prescription of Exalgo ER 8mg, #30:** 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) Exalgo (hydromorphone)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain; Opioid Dosing Page(s): 78-80; 80-82; 86.

**Decision rationale:** The requested Exalgo ER 8mg, #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has chronic neck pain and right arm pain. The treating physician has documented stiff cervical range of motion, paraspinal spasm and tenderness. Also noted was a repeat drug screen due to previous discrepancy. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor failed first-line opiate therapy. The criteria noted above not having been met, Exalgo ER 8mg, #30 is not medically necessary.

**Retrospective Urine drug screen (DOS: 9/5/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (Chronic) Urine drug testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG -TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Urine Drug Testing.

**Decision rationale:** The requested Retrospective Urine drug screen (DOS: 9/5/14), is not medically necessary. The CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. The ODG -TWC, the ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Urine Drug Testing, notes that claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The injured worker has chronic neck pain and right arm pain. The treating physician has documented stiff cervical range of motion, paraspinal spasm and tenderness. Also noted was a repeat drug screen due to previous discrepancy. The treating physician has documented the injured worker at intermediate risk level due to previous discrepancy, and the referenced guideline recommends up to 2 to 3 times per year drug testing for claimants at "moderate risk", thereby making four times per year frequency excessive as the most recent result was consistent. The criteria noted above not having been met, the request for retrospective Urine drug screen (DOS: 9/5/14) is not medically necessary.