

<b>Case Number:</b>	CM14-0206501		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	04/11/2000
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Family Practice 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:

This is a 65 years old female patient who sustained an injury on 4/11/2000. The current diagnosis includes lumbago, lumbar postlaminectomy syndrome and thoracic/lumbosacral neuritis and status post spinal cord stimulator implant. Per the doctor's note dated 12/2/2014, she had complaints of chronic low back pain with radiation to bilateral feet. The physical examination revealed tenderness over L4-5 and paraspinals, decreased lumbar range of motion, positive sitting straight leg raising bilaterally, decreased strength bilaterally and decreased sensation in left lower extremity. The medications list includes MS contin and tenormin. She has undergone spinal cord stimulator implant; back surgeries, laminectomy, hysterectomy and sinus surgery. She has had physical therapy visits, chiropractic visits and epidural steroid injections for this injury. Per the records provided patient has had urine drug screen on 2/20/14 and 11/11/14 with consistent results. She has been approved for a urine drug screen in August 2014. The pt has a history of symptoms of anxiety and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 60mg #190:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-80.

**Decision rationale:** MS Contin contains morphine sulfate which is an opioid analgesic. According to CA MTUS guidelines cited above, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. To aid in pain and functioning assessment, the patient should be requested to keep a pain dairy 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. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. The response to non-opioid analgesic for this patient is not specified in the records provided. With this, it is deemed that this patient does not meet criteria for the ongoing use of opioid analgesics. The medical necessity of MS Contin 60mg #190 is not established for this patient at this time.

**Urine drug screen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The current medications list includes MS Contin which is a controlled substance. Per the cited guidelines, "Patients 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 patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology."The patient has a history of symptoms of anxiety and depression which is evidence of psychiatric comorbidity. The patient has had a urine drug screen in 11/2014 and 2/2014. It is medically necessary to perform a urine drug screen periodically to monitor the appropriate use of controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for a urine drug screen is medically appropriate and necessary for this patient at this juncture.

