

Case Number:	CM14-0207340		
Date Assigned:	12/19/2014	Date of Injury:	12/22/2005
Decision Date:	02/11/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 51 year old female with an injury date of 12/22/05. Based on the 12/08/14 progress report provided by treating physician, the patient complains of pain to the lower back (unrated) which radiates into both legs greater on the right. Patient has no documented surgical history directed at this complaint. Physical examination 12/08/14 notes pain upon palpation over the lumbar and thoracic spine with pain radiation into the left leg. Range of motion was decreased on flexion and extension, with a 50 percent reduction in ROM on flexion. The patient is currently prescribed oxycodone, Pregabalin, and Cyclobenzaprine. Diagnostic imaging was not included with the report. Toxicology screening reports were provided, dated 07/02/14, 07/07/14, and 11/24/14 consistent with prescribed narcotic medications. Diagnosis 12/08/14, 11/24/14, 10/27/14; Lumbar myofascial pain; Intervertebral disc disease; Radiculitis. The utilization review determination being challenged is dated 12/09/14. The rationale follows: 1.) Oxycodone: "The patient has been previously recommended weaning and discontinuation of oxycodone. To date, the patient has not been weaned or discontinued from Oxycodone. The patient continues to be prescribed the same dosage of Oxycodone." Treatment reports were provided from 2) Random Drug Screen: "The medical report dated November 24, 2014 does not establish any signs of drug dependency or any concerns for misuse or abuse for which drug testing would be warranted any previous negative urine drug screens that would raise a red flag".

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for use of Opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: The patient presents with pain to the lower back (unrated) which radiates into both legs greater on the right. The request is for Oxycodone IR 5mg #90. Physical examination 12/08/14 notes pain upon palpation over the lumbar and thoracic spine with pain radiation into the left leg. Range of motion was decreased on flexion and extension, with a 50 percent reduction in ROM on flexion. The patient is currently prescribed oxycodone, Pregabalin, and Cyclobenzaprine. Toxicology screening reports were provided, dated 07/02/14, 07/07/14, and 11/24/14 consistent with prescribed narcotic medications. MTUS Guidelines 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 this case, treater has not stated how Oxycodone reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant behavior, specific ADL's, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Random drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Urine Drug Testing.

Decision rationale: The patient presents with pain to the lower back (unrated) which radiates into both legs greater on the right. The request is for Random Drug Screen. The patient is currently prescribed oxycodone, Pregabalin, and Cyclobenzaprine. Toxicology screening reports were provided, dated 07/02/14, 07/07/14, and 11/24/14 consistent with prescribed medications. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. ODG has the following criteria regarding Urine Drug Screen: "Patients 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." Per the progress reports provided, there is no documentation of aberrant behavior or indications of past drug abuse. Toxicology reports, the most recent dated 11/24/14, were consistent with the prescribed opioid medications and did not indicate the presence of any illegal substances. Treater has not established a reason for the request or indicated that this patient is at high risk of adverse outcomes, nor do the provided toxicology

reports indicate deviation from the prescribed regimen. Therefore, this request is not medically necessary.