

Case Number:	CM15-0006573		
Date Assigned:	01/26/2015	Date of Injury:	12/06/2004
Decision Date:	03/25/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old male who reported an injury on 09/05/2014. The mechanism of injury was unspecified. Diagnoses included spondylolisthesis without myelopathy, degenerative cervical intervertebral discs, spinal stenosis in the cervical region, migraine, and long term medication use. Past treatments included medications, chiropractic, home exercise, physical therapy, biofeedback, heat, ice, massage, TENS unit, and injections. On 12/05/2014, the injured worker presented for a followup. The physical examination revealed that medications were currently controlling the pain well. The injured worker also reported that without the medication he would not be able to sleep, and that MS-Contin, oxycodone, diazepam, and Topamax helped daily to tolerate pain and manage breakthrough pain during the day to provide ability to stay awake during the day, and was controlling the pain adequately. The medications included diazepam 5 mg, MS-Contin 25 mg, oxycodone 10 mg, and topiramate 50 mg. The treatment plan included Urine Toxicology Screen, Diazepam 5MG #120, Oxycodone 10MG #180, and MS Contin 15MG #60. A rationale is not provided for review. A Request for Authorization form was submitted on 12/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Drug Screen

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

Decision rationale: The request for a urine toxicology screening is not medically necessary. According to the California MTUS Guidelines, drug testing is recommended as an option to assess for the use or presence of illegal drugs. The patient was indicated to have been taking opioids for an unspecified duration of time. However, there was lack of documentation to indicate the injured worker was taking illegal drugs. In addition, there was lack of documentation to indicate the injured worker had a dependence or had an addiction to opioids or illegal drugs. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Diazepam 5MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Diazepam 5MG #120 is not medically necessary. According to the California MTUS Guidelines, benzodiazepines, are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker was indicated to have been using diazepam for an unspecified duration of time. However, the guidelines do not recommend the use of benzodiazepines for longer than 4 weeks, as there is a risk for dependence. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Oxycodone 10MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

Decision rationale: The request for Oxycodone 10MG #180 is not medically necessary. According to the California MTUS Guidelines, patients on opioid regimens require ongoing monitoring and documentation in regard to pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or nonadherent drug related behaviors. There was lack of documentation in regard to objective functional improvement, objective

decrease in pain, evidence of monitoring for side effects, and aberrant drug related behaviors. In addition, the current urine drug screen performed on 06/13/2014, was not provided for review. In the absence of the above, the request is not supported by the evidence based guidelines. A weaning schedule is recommended for patients on opioid medications. As such, the request is not medically necessary.

MS Contin 15MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

Decision rationale: The request for MS Contin 15MG #60 is not medically necessary. According to the California MTUS Guidelines, patients on opioid regimens require ongoing monitoring and documentation in regard to pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or nonadherent drug related behaviors. There was lack of documentation in regard to objective functional improvement, objective decrease in pain, evidence of monitoring for side effects, and aberrant drug related behaviors. In addition, the current urine drug screen performed on 06/13/2014, was not provided for review. In the absence of the above, the request is not supported by the evidence based guidelines. A weaning schedule is recommended for patients on opioid medications. As such, the request is not medically necessary.