

Case Number:	CM15-0101136		
Date Assigned:	06/03/2015	Date of Injury:	05/29/1992
Decision Date:	07/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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, Hawaii
 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 60-year-old male, who sustained an industrial injury on 5/29/92. The injured worker has complaints of back pain. The documentation noted the assessment and plan was failed neck surgery syndrome, degenerative disc disease and cervical, chronic pain. The diagnoses have included cervical spine radiculopathy. Treatment to date has included home exercise program; moist heat and stretches; oxycontin; Roxicodone; morphine sulfate pain pump; clonazepam; Prozac; wellbutrin and zanaflex. The request was for oxycontin 80mg #168; roxicodone 30mg #112 and toxicology screen (urine drug screen).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #168: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Oxycontin 80mg #168. The treating physician states in the report dated 4/29/15, "I will renew the following medications: Oxycontin 80mg xr12h-tab 1-2 po q6h" (31B). The treating physician also documents that the patient rates their pain as a 3-4/10 on a 'good day' and a 9/10 on a 'bad day'. For chronic opiate use, the 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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, the treating physician has not documented any before or after pain scales, if the patient is able to perform ADLs or if the patient has had any side effects or aberrant behaviors. The current request is not medically necessary.

Roxicodone 30mg #112: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Roxicodone 30mg #112. The treating physician states in the report dated 4/29/15, "I will renew the following medications: Roxicodone 30mg tabs 1 po q6h pm" (31B). Roxicodone is a generic name for oxycodone. The treating physician also documents that the patient rates their pain as a 3-4/10 on a 'good day' and a 9/10 on a 'bad day'. For chronic opiate use, the 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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, the treating physician has not documented any before or after pain scales, if the patient is able to perform ADLs or if the patient has had any side effects or aberrant behaviors. The current request is not medically necessary.

Toxicology Screen (Urine drug screen): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Urine Drug Screen.

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Toxicology Screen (Urine Drug Screen). The treating physician states in the report dated 4/29/15, "Diagnostic Ordered: Urine Toxicology Screen was ordered" (31B). The patient did receive a urine test on 4/28/15 as well which was within the norms for what medication the patient is taking. Prior to this, the patient received another urine toxicology screening on 3/2/15 which was also within norms. The ODG guidelines state that patients who are 'low risk' should be tested on a yearly basis, 'moderate risk' should be tested 2-3 times a year, and 'high risk' should be tested once a month. In this case, the treating physician just recently had a urine drug screen and has not documented and factors that would make this patient 'high risk.' The current request is not medically necessary.