

Case Number:	CM15-0106949		
Date Assigned:	06/11/2015	Date of Injury:	04/20/2003
Decision Date:	07/15/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/03/2015

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

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 41 year old female, who sustained an industrial injury on April 20, 2003. The injured worker has been treated for neck, low back and knee complaints. The diagnoses have included lumbar degenerative disc disease, low back pain, bilateral lumbar radiculopathy, lumbar herniated nucleus pulposus, lumbar post-laminectomy syndrome, lumbar plexopathy, cervical intervertebral disc degeneration, lower extremity weakness, joint derangement of the knee, chronic pain syndrome, pain related sleep disorder and depressive disorder. Treatment to date has included medications, radiological studies, MRI, epidural steroid injections, physical therapy, aquatic therapy, left knee surgery and a lumbar fusion. Current documentation dated May 13, 2015 notes that the injured worker reported worsening low back pain with radiation to the right buttock, right groin and bilateral lower extremities. Associated symptoms included numbness and tingling. The injured worker also noted worsening neck pain with radiation to the bilateral upper extremities with associated tingling. The documentation notes that the injured workers left knee gave out causing the injured worker to sustain a broken left ankle. Examination of the lumbar spine revealed diffuse tenderness. Examination of the cervical spine revealed tenderness and painful range of motion. The treating physician's plan of care included a request for MS Contin 30 mg # 60 and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89, 80 and 81.

Decision rationale: The patient complains of worsening low back pain, neck pain, bilateral upper extremity pain, bilateral lower extremity pain, right buttock pain, and right groin pain, rated at 8/10, as per progress report dated 05/13/15. The request is for MS Contin 30mg #60. The RFA for the case is dated 05/15/15, and the patient's date of injury is 04/20/03. The patient is status post L5-S1 lumbar disc replacement, status post left knee surgery in 2013, status post right knee surgery in 2014, and status post lumbar fusion, as per progress report dated 05/13/15. Diagnoses included degeneration of cervical intervertebral disc, chronic pain syndrome, and lumbar post-laminectomy syndrome. Medications included Bupropion, Doc-Q-Lace, Gabapentin, Fluticasone, Metformin, MS Contin, Omeprazole, Opana, Tizanidine and Senna. The patient is not working, as per the same progress report. 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." Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In this case, a prescription of MS Contin is first noted in progress report dated 05/13/15. The medication was recommended as the patient's Opana was not authorized. Prior progress reports also document the use of Norco. As per progress report dated 02/11/15, the patient experiences 60% analgesia with medications. The provider also states that the patient is undergoing other treatment modalities and is motivated to improve her physical strength and mobility. She, however, noticed a decrease in her ability to work hard during these sessions once the medications were not approved. The pain she experiences during these sessions limits her ability to progress during these sessions. As per the report, the patient was noticing an improvement in condition when both medications and therapy were available but is unable to make such progress without medications. The provider also states that the patient does not show any aberrant behavior and UDS from the last visit was appropriate. The patient has no side effects as well. Given the impact of opioids on pain and function, the request is medically necessary.

Retrospective request: 1 urine drug screen (DOS 5/13/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing.

Decision rationale: The patient complains of worsening low back pain, neck pain, bilateral upper extremity pain, bilateral lower extremity pain, right buttock pain, and right groin pain, rated at 8/10, as per progress report dated 05/13/15. The request is for Retrospective Request: 1 Urine Drug Screen (DOS 5/13/15). The RFA for the case is dated 05/15/15, and the patient's date of injury is 04/20/03. The patient is status post L5-S1 lumbar disc replacement, status post left knee surgery in 2013, status post right knee surgery in 2014, and status post lumbar fusion, as per progress report dated 05/13/15. Diagnoses included degeneration of cervical intervertebral disc, chronic pain syndrome, and lumbar post-laminectomy syndrome. Medications included Bupropion, Doc-Q-Lace, Gabapentin, Fluticasone, Metformin, MS Contin, Omeprazole, Opana, Tizanidine and Senna. The patient is not working, as per the same progress report. MTUS page 77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. 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. 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." In this case, the patient has been taking opioids such as Norco, Opana and MS Contin. As per progress reports available for review, a urine toxicology screen was performed on 01/26/15. The test was consistent for prescribed medications, as per progress report dated 02/11/15. The treating physician does not discuss the patient's opioid dependence risk. However, the patient is on significant amount of opioids. Hence, the screening is reasonable and is medically necessary.