

Case Number:	CM15-0143315		
Date Assigned:	08/04/2015	Date of Injury:	06/16/2003
Decision Date:	09/01/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old male with a June 16, 2003 date of injury. A progress note dated June 18, 2015 documents subjective complaints (facial pain rated at a level of 9 out of 10 with medications and 10 out of 10 without medications; poor sleep quality; activity level has decreased), objective findings (restricted range of motion of the cervical spine due to pain; tenderness noted at the paracervical muscles and rhomboids; restricted range of motion of the lumbar spine; light touch sensation is decreased over the thumb, index finger, middle finger, ring finger, little finger, medial calf, lateral calf, lateral thigh, medial forearm, lateral forearm, and upper arm on the left side), and current diagnoses (headache and facial pain; lower back pain). Treatments to date have included medications, acupuncture that was not helpful, and imaging studies. The medical record indicates that Norco decreases the pain from 8 out of 10 to 4 out of 10, and that he is able to exercise, do cooking and cleaning, walk, and stand longer with less pain. The treating physician documented a plan of care that included Oxycodone 15mg # 90, 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:

Oxycodone 15 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2003. Medications have included Norco reported to decrease pain from 8/10 to 4/10 with improved activity tolerance and ability to exercise. When seen, he was having pain rated at 9/10. He was having difficulty sleeping and his activity level had decreased. Physical examination findings included decreased spinal range of motion. There was cervical and rhomboid muscle tenderness. There was decreased sensation. Oxycodone was prescribed at a total (MED of lesson 70 mg per day. Urine drug screening was performed. Prior drug testing had been performed in May 2015. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Oxycodone is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having severe pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.

One (1) urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2003. Medications have included Norco reported to decrease pain from 8/10 to 4/10 with improved activity tolerance and ability to exercise. When seen, he was having pain rated at 9/10. He was having difficulty sleeping and his activity level had decreased. Physical examination findings included decreased spinal range of motion. There was cervical and rhomboid muscle tenderness. There was decreased sensation. Oxycodone was prescribed at a total (MED of lesson 70 mg per day. Urine drug screening was performed. Prior drug testing had been performed in May 2015. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. This request for urine drug screening less than one year after the previous testing was not medically necessary.

