

Case Number:	CM15-0145889		
Date Assigned:	08/07/2015	Date of Injury:	04/21/2001
Decision Date:	09/29/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 21, 2001. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve requests for Opana and a urine drug screen. The claims administrator referenced an RFA form received on July 8, 2015 and an associated progress note of June 29, 2015 in its determination. The applicant's attorney subsequently appealed. In a nine-page appeal letter dated August 12, 2015, the applicant appealed the denials of Opana and urine drug testing in somewhat circuitous manner. The attending provider contended that the applicant's scores were reduced by 50% as a result of ongoing Opana extended release usage. The applicant had superimposed issues with diabetes and had undergone a failed lumbar spine surgery, the treating provider reported. The attending provider contended that the applicant had undergone surgery for a diabetic foot ulcer on April 8, 2015. The attending provider stated that urine drug testing of June 29, 2015 was positive for marijuana, opioids, and benzodiazepines. The attending provider stated that the applicant had a California license for medical marijuana. The attending provider did not, however, state whether the applicant had tested positive for marijuana on earlier drug testing of February 17, 2015. On a progress note of June 29, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar laminectomy surgery. The applicant had undergone a diabetic foot ulcer surgery on April 8, 2015, it was reported. The attending provider again stated that the applicant's pain scores were reduced by 60% as a result of ongoing Opana usage. The attending provider stated that the applicant's ability to perform

unspecified household activities was ameliorated as a result of ongoing Opana usage. The applicant's medications included Xanax, Opana, Norco, aspirin, Depakote, glipizide, Zestril, metformin, Lopressor, sildenafil, Zocor, and Desyrel, it was reported. Permanent work restrictions were renewed. The treating provider suggested (but did not clearly state) that the applicant was not, in fact, working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER (extended release) 40mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Oxymorphone (Opana), Oxymorphone Extended Release (Opana ER), no available generic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids Page(s): 79.

Decision rationale: No, the request for Opana extended release was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids has been suggested for individuals who are engaged in illicit drug use. Here, the attending provider's appeal letter of August 12, 2015 did state that the applicant had tested positive for marijuana. Discontinuation of opioid therapy with Opana, thus, was seemingly a more appropriate option than continuation of the same, given the applicant's concomitant usage of marijuana, an illicit substance. Therefore, the request was not medically necessary.

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction; Substance abuse (tolerance, dependence, addiction) - Cautionary red flags of addiction.

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

Decision rationale: Conversely, the request for a urine drug screen was medically necessary, medically appropriate, and indicated here. As noted on page 43 of the MTUS Chronic Pain Medical Treatment Guidelines, drug testing is recommended as an option to assess for the presence or absence of illicit drugs. Here, the attending provider did state in an appeal letter dated August 12, 2015 that drug testing performed on June 29, 2015 was positive for marijuana, an illicit substance. The drug test positive for illicit substances, thus, did seemingly justify the drug testing performed on June 29, 2015. Therefore, the request is medically necessary.