

Case Number:	CM15-0149101		
Date Assigned:	08/12/2015	Date of Injury:	10/20/1999
Decision Date:	09/17/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/31/2015

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: 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 injured worker is a 63 year old male, who sustained an industrial injury on 10-20-99. He reported pain in his lower back. The injured worker was diagnosed as having status post lumbar spine surgery and lumbar sprain. Treatment to date has included a home exercise program, Percocet, Duragesic and Ambien since at least 12-10-14. There is no previous urine toxicology reports in the case file for review. As of the PR2 dated 6-3-15, the injured worker reports lower back pain that radiates to his left leg and foot. He rates his pain a 10 out of 10 without medications and a 5 out of 10 with medications. Objective findings include decreased lumbar range of motion, a positive straight leg raise test on the left at 45 degrees and severe tenderness at L4-L5. The treating physician requested a urine toxicology, a deep tissue massage 2 x weekly for 4 weeks, Duragesic patch 50mcg-hr #15, Percocet 10-325mg #120 and Ambien 5mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Urine Drug Screens.

Decision rationale: MTUS Guidelines supports the rationale use of urine drug screens with long term opioid use. However, the MTUS Guidelines do not provide details regarding the recommended type or frequency of drug screening. The ODG Guidelines address these issues in detail and recommend Point of Service (POS) screening with secondary testing only if there is justification to do so. It appears that this request is for comprehensive lab base testing when the initial POS screen was not reported to be problematic. It is understood that the Duragesic (Fentanyl) may require lab based testing, but the Guideline would support secondary testing for this only, not secondary testing as a "shot gun" approach to all or many drug categories. Under these circumstances, urine toxicology screen (comprehensive) is not supported by Guidelines and is not medically necessary.

Deep tissue massage 2 x per week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Page(s): 60.

Decision rationale: MTUS Guidelines recommend that massage therapy be limited to 4-6 sessions under most circumstances. The Guidelines also recommend that massage be utilized with an active exercise program. This request is for massage therapy due to a flare-up and in the records reviewed there is no documentation of prior massage being trialed with our without success. The request exceeds Guideline recommendation and there are no unusual circumstances to justify an exception to Guidelines. The request for Deep Tissue Massage 2xs a week for 4 weeks (8 sessions) is not supported by Guidelines and is not medically necessary.

Duragesic patch 50mcg/hr #15: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the careful use of opioid if there is meaningful pain relief, functional support and no aberrant drug related behaviors. The Guidelines also support a combination of short and long acting opioid for severe pain syndromes. This individual meets these Guideline criteria. Pain improvement of up to 50-80% is reported and functional improvements in ADLS and day to day functioning is adequately documented. No aberrant behaviors are reported. The dosing is higher than generally recommended, but the Guidelines allow for this is carefully monitored by a pain management specialist. Under these circumstances, the Duragesic patch 50mcg/hr #15 is supported by Guidelines and is medically necessary.

Percocet 10/325mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the careful use of opioid if there is meaningful pain relief, functional support and no aberrant drug related behaviors. The Guidelines also support a combination of short and long acting opioid for severe pain syndromes. This individual meets these Guideline criteria. Pain improvement of up to 50-80% is reported and functional improvements in ADLS and day to day functioning is adequately documented. No aberrant behaviors are reported. The dosing is higher than generally recommended, but the Guidelines allow for this is carefully monitored by a pain management specialist. Under these circumstances, the Percocet 10/325mg #120 is supported by Guidelines and is medically necessary.

Ambien 5mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Zolpidem.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and the Guidelines do not recommend Ambien as a long term nightly hypnotic drug. There are other alternative hypnotics that the Guidelines support for long term use and there are no unusual circumstances to justify an exception to the Guideline recommendations. The Ambien 5mg. #45 is not supported by Guidelines and is not medically necessary.