

Case Number:	CM15-0160611		
Date Assigned:	08/31/2015	Date of Injury:	09/02/2011
Decision Date:	10/27/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/17/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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 49 year old male who sustained an industrial injury on 9-2-11. Current diagnoses include lumbar and sacral radiculopathy, degenerative disc disease of the lumbar spine, limp pain, cervical radiculopathy, thoracic pain, and muscle spasms. A progress note dated 7/8/2015 reports the IW has persistent neck pain consistent of muscle spasms that are worse at night without new changes. She had been unable to start physical therapy due to family stressors. The IW reported improvement with the use of a TENS unit. She also reports her "current regimen" provides modest relief allowing improved activity levels. Exam revealed a limp, lumbar and cervical spine with limited range of motion, and there is pain with palpation and spasms of the cervical paraspinal muscles. Diffuse upper extremity weakness is also documented. Treatments to date have included pain medications, TENS unit, and a home exercise program. The progress notes reference 2 urine drug screens and state results were "consistent." The IW remained temporarily total disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: 120 Oxycontin 60mg between 6/3/2013 and 8/3/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. There was reference that the current regimen is effective; however, this is no discussion of which medications are providing relief, the extent of the relief or the duration of action. The IW has been on these medications for a minimum of 6 months. Additionally, the request does not include dosing or frequency. The documentation does not support this medication is being prescribed according to MTUS guidelines. Without the support of the guidelines, the request for Oxycotin is not medically necessary. .

Retro: 20 Oxycodone 15mg between 6/3/2013 and 8/3/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. There was reference that the current regimen is effective; however, this is no discussion of which medications are providing relief, the extent of the relief or the duration of action. The IW has been on these medications for a minimum of 6 months. Additionally, the request does not include dosing or frequency. The documentation does not support this medication is being prescribed according to MTUS guidelines. Without the support of the guidelines, the request for Oxycodone is not medically necessary.

Retro: 90 Percocet 10/325mg between 6/3/2013 and 8/3/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. There was reference that the current regimen is effective; however, this is no discussion of which medications are providing relief, the extent of the relief or the duration of action. The IW has been on these medications for a minimum of 6 months. Additionally, the request does not include dosing or frequency. The documentation does not support this medication is being prescribed according to MTUS guidelines. Without the support of the guidelines, the request for Percocet is not medically necessary.

Retro: 90 Valium 10mg with 4 refills between 6/3/2013 and 8/3/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Benzodiazepines (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Valium is a benzodiazepine. The CA MTUS chronic pain guidelines do recommend its use for long term therapy. Guidelines limit the use of valium to 4 weeks. Documentation supports the IW has been on this medication for a period much a minimum of 6 months. The current request is for 4 refills which would greatly exceed the 4 week recommendation. Additionally, documentation states the IW is receiving a benzodiazepine, xanax, from a different provider. Reviewed documentation does not include the IW pattern of use or effects of this medication. Finally, the request does not include dosing frequency. The request for valium is not medically necessary.

Retro: 1 urine drug screen DOS 6/3/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment, Opioids, steps to avoid misuse/addiction.

Decision rationale: Ca MTUS recommends drug testing as an option to "assess for the use or the presence of illegal drugs." Additional recommendations include random drug testing, not at office visits. The provider refers to results from three urine drug screens as consistent when discussed in the record. The actual results were not provided for review. The specific drugs or the situation of the test, random or scheduled was not discussed. In addition, the request for a UA drug screen does not specify what specifically is being tested. The specific content of the test should be listed, as many drug tests do not assay the correct drugs. The urine drug screen is not medically necessary based on lack of a clear collection and testing protocol, lack of details regarding the testing content and protocol, and lack of a current opioid therapy program which is in accordance with the MTUS. The request for a urine drug screen is not medically necessary.