

Case Number:	CM15-0161025		
Date Assigned:	08/28/2015	Date of Injury:	09/02/2011
Decision Date:	10/21/2015	UR Denial Date:	07/15/2015
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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 female, who sustained an industrial injury on 9-2-2011. Medical records indicate the worker is undergoing treatment for lumbosacral and cervical radiculopathy, lumbar degenerative disc disease and limb pain. A recent progress report dated 3-12-2013, reported the injured worker complained of neck, mid back and low back pain with radicular symptoms in the right lower extremity. The injured worker reported a recent fall and tearing her left meniscus and has planned surgery to repair. The average pain rating was 6 out of 10 that was improved by medications including Oxycontin. Physical examination revealed "limited lumbar range of motion" and severe lumbar paravertebral spasm and tenderness with back brace. Bilateral knee has "limited range of motion-flexion and extension due to pain-left greater than right. Treatment to date has included medication management. Documented medications include Oxycontin, Oxycodone, Cymbalta, Valium, Percocet, Buspar, Adderall and Baclofen since at least 9-10-2012. On 3-12-2015, the Request for Authorization requested retrospective requests from 3-12-2013 for urine drug screen, Oxycontin 60 mg #120, Oxycodone 15 mg #240 and Percocet 10-325mg #150. On 7-15-2015, the Utilization Review non-certified the retrospective requests from 3-12-2013 for urine drug screen, Oxycontin 60 mg #120, Oxycodone 15 mg #240 and Percocet 10-325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen DOS 3/12/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, dealing with misuse & addiction, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of a urine drug screen for this patient. The clinical records submitted do support the fact that this patient has a high to moderate chance for addiction or at risk behavior. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. The ODG states that individuals considered at low risk for aberrant behavior should be screened within 6 months of the initiation of therapy and then on a yearly basis thereafter. Screening up to a monthly basis is appropriate for patients at high risk for addiction. The previous reviewer denied this claim because the patient had had 5 urine drug screens in 2012. However, the requested drug screen was the first test performed in 2013. The patient was documented to be on 3 separate preparations of Oxycodone derivatives with benzodiazepine and muscle relaxant use. Testing was appropriate due to the patient's high/moderate risk for addiction. Therefore, based on the submitted medical documentation, the request for drug screening is medically necessary.

Retro: 120 Oxycontin 60mg DOS 3/12/13: 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids, dosing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if; "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Oxycontin 60mg #120 is not-medically necessary.

Retro: 240 Oxycodone 15mg DOS 3/12/13: 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids, dosing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if; "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Oxycodone 15mg #240 is not-medically necessary.

Retro: 150 Percocet 10/325mg DOS 3/12/13: 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids, dosing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if; "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Percocet 10/325mg #150 is not medically necessary.