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| Case Number: | CM15-0165786 | | |
| Date Assigned: | 09/03/2015 | Date of Injury: | 08/23/2007 |
| Decision Date: | 10/21/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

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 70-year-old male who sustained an industrial injury on August 23, 2007 resulting in radiating neck and low back pain. Diagnoses have included chronic cervical spine pain, cervical facet joint dysfunction, and cervical degenerative disease. Documented treatment includes home cervical traction, home exercise, and medication including Oxycontin 30 mg at bedtime, and Oxy IR during the day for severe pain, which is stated to help manage his pain bringing his reported level from a 10 to 2 or 3 on a pain scale of 1-10. The injured worker continues to present with neck pain and intermittent numbness in the 1st and 2nd fingers of his right hand, and low back pain which radiates to his feet. The treating physician's plan of care includes remaining refills as well as new prescriptions to be filled after September 2, 2015 for Oxycontin 30 mg and Oxy IR 10 mg; and, a quantitative analysis urine drug screen. Current work status is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Oxycontin 30mg 1 QHS #30: Overturned

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.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits one of these criteria. The patient has been on a consistent long-term medication regime without any indication of abuse of aberrant behavior. He stated he had significant pain relief with levels dropping from a 10/10 to a 2-3/10. I am reversing the previous utilization review decision. Refill Oxycontin 30mg 1 QHS #30 is medically necessary.

Refill Oxy IR 10mg 1 Q6 Hours Prn #45: Overturned

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.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits one of these criteria. The patient has been on a consistent long-term medication regime without any indication of abuse of aberrant behavior. He stated he had significant pain relief with levels dropping from a 10/10 to a 2-3/10. I am reversing the previous utilization review decision. Refill Oxy IR 10mg 1 Q6 Hours Prn #45 is medically necessary.

A second prescription for Oxycontin 30mg 1 QHS #30 do not fill until 9/2/15: Overturned

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.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits one of these criteria. The patient has been on a consistent long-term medication regime without any indication of abuse of aberrant behavior. He stated he had significant pain relief with levels dropping from a 10/10 to a 2-3/10. I am reversing the previous utilization review decision. A second prescription for Oxycontin 30mg 1 QHS #30 do not fill until 9/2/15 is medically necessary.

A second Prescription for Oxy IR 10mg 1 Q6 Hours prn #45 do not fill until 9/2/15: Overturned

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.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits one of these criteria. The patient has been on a consistent long-term medication regime without any indication of abuse of aberrant behavior. He stated he had significant pain relief with levels dropping from a 10/10 to a 2-3/10. I am reversing the previous utilization review decision. A second Prescription for Oxy IR 10mg 1 Q6 Hours prn #45 do not fill until 9/2/15 is medically necessary.

Quantitative Analysis UDS DOS: 8/5/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: According to the Official Disability Guidelines, quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharma-codynamic issues including variability in volumes of distribution (muscle density) and inter-individual and intra-individual variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity. In regard to this case, there is no documentation qualifying the necessity of quantitative analysis. Quantitative Analysis UDS DOS: 8/5/15 is not medically necessary.