

Case Number:	CM15-0184570		
Date Assigned:	09/25/2015	Date of Injury:	05/03/2002
Decision Date:	11/19/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/21/2015

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 56 year old female injured worker suffered an industrial injury on 5-3-2002. The diagnoses included right upper extremity neuropathic pain, lumbar facet arthropathy and chronic low back pain. On 6-12-2015 the provider reported the CURES report was consistent. The details of the exam were handwritten and were unable to be read. On 7-16-2015 the treating provider reported the pain level 10 out of 10 in the bilateral posterior legs and bilateral numbness in the feet. The injured worker reported she fell and everything is "bad" all the way around. The provider noted there was a CURES report done but without results. The provider noted, "The urine drug screen peer review yesterday" and "once authorized will perform". Details of the exam were handwritten and unable to read. The documentation provided 7-16-2015 did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no aberrant risk assessment. Request for Authorization date was 8-10-2015. The Utilization Review on 8-13-2015 determined non-certification for MS (morphine sulfate) Contin 30 mg Qty 90, Oxycodone IR (immediate release) 30 mg Qty 90, modification for Follow up visit x3 to 1 visit for medication refill and Urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS (morphine sulfate) Contin 30 mg Qty 90: 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.

Decision rationale: Evidence based guidelines note that continuation of opioids is medically appropriate when their only physician is prescribing, the lowest dose possible is used, and there is ongoing review of functional status, objective improvement, appropriate medication use, and monitoring side effects. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor shopping, uncontrolled drug escalation, drug diversion). Continuing review of overall situation with regard to non-opioid pain control. The PR-2 supplied for review was handwritten and illegible. It was not possible to determine if any functional improvement or pain relief was achieved with the continued use of MS Contin. MS (morphine sulfate) Contin 30 mg Qty 90 is not medically necessary.

Oxycodone IR (immediate release) 30 mg Qty 90: 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.

Decision rationale: Evidence based guidelines note that continuation of opioids is medically appropriate when their only physician is prescribing, the lowest dose possible is used, and there is ongoing review of functional status, objective improvement, appropriate medication use, and monitoring side effects. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor shopping, uncontrolled drug escalation, drug diversion). Continuing review of overall situation with regard to non-opioid pain control. The PR-2 supplied for review was handwritten and illegible. It was not possible to determine if any functional improvement or pain relief was achieved with the continued use of Oxycodone IR. Oxycodone IR (immediate release) 30 mg Qty 90 is not medically necessary.

Follow up visit x3 for medication refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Evaluation & Management (E&M).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. There is no documentation that is legible giving the time frame for the follow-up visits requested. The typical time frame for follow-up visits in a chronic injury is 3-6 months. In this case, none of the medication can be recommend as medically necessary due to poor quality of the documentation. Another opportunity for the patient to see the physician is required to allow appropriate documentation to be generated. I am reversing the previous UR decision. Follow up visit x3 for medication refill is medically necessary.

Urine drug screen: 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): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. The PR-2 supplied for review was handwritten and illegible. It was not possible to determine when the last UDS was administered or what the results were. Urine drug screen is not medically necessary.