MAXIMUS Federal Services

Case Number:	CM15-0189811		
Date Assigned:	10/01/2015	Date of Injury:	01/02/1996
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/26/2015

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: Texas, New York, 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 applicant is a represented 66-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 2, 1996. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve requests for OxyContin and quarterly drug testing. The claims administrator referenced an RFA form received on August 31, 2015 and an associated progress note dated August 18, 2015 in its determination. The applicant's attorney subsequently appealed. On said August 18, 2015 office note, the applicant reported ongoing complaints of low back, hip, and leg pain, 5/10 with medications versus 10/10 without medications. The attending provider acknowledged that the applicant was unable to garden. The attending provider contended that the applicant's ability to brush her teeth, dress herself, and bathe herself had all been ameliorated as a result of ongoing medication consumption. The applicant's medication list included Valium, oxycodone, Synthroid, OxyContin, and benazepril, it was reported. The applicant was deemed permanently disabled. The treating provider contended that the applicant's ongoing usage of OxyContin and oxycodone was ameliorating her pain level and function. Drug testing was also apparently sought. The attending provider stated that he was performing highly complex drug testing within his lab. The attending provider stated that he was in fact intent on performing gas chromatography confirmatory testing to include quantitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for OxyContin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was off of work and had been deemed permanently disabled the treating provider reported on the date in question, August 18, 2015. While the treating provider did recount a reduction in pain scores from 10/10 without medications to 5/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing OxyContin usage. The attending provider's commentary to the effect that the applicant's ability to bathe herself, dress herself, and brush her teeth as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, and/or substantive improvement in function effected as a result of ongoing OxyContin usage and was, as noted previously, outweighed by the applicant's failure to return to work. Therefore, the request was not medically necessary.

Urine drug screen assay of urine creatinine randomly 4 times a year unless otherwise specified: Upheld

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

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

Decision rationale: Similarly, the request for quarterly urine drug screens was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend using drug testing as an option to assess for the presence or absence of illegal drugs in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to their request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for,

attempt to conform to the best practices of the [redacted] when performing testing, and attempt to categorize applicants into higher-or-lower risk categories for whom more or less frequent drug testing would indicated. Here, however, the attending provider did state that he was intent on performing confirmatory, quantitative, and highly complex testing. The attending provider failed, however, to furnish a clear or compelling rationale for pursuit of such testing in the face of the unfavorable ODG position on the same. Therefore, the request was not medically necessary.