

Case Number:	CM15-0190303		
Date Assigned:	10/02/2015	Date of Injury:	02/12/2013
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/28/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 65 year old male, who sustained an industrial injury on February 12, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical trapezial musculoligamentous sprain and strain with left upper extremity radiculitis, thoracolumbar musculoligamentous sprain and strain with bilateral lower extremity radiculitis and bilateral sacroiliac joint sprain, bilateral shoulder periscapular strain with right shoulder tendinitis-impingement-bursitis, bilateral knee patellofemoral arthralgia with moderate to severe tricompartmental degenerative joint disease, left forearm-wrist flexor-extensor tendinitis with carpal tunnel syndrome and complaints of internal medicine-right eye-sleep-posttraumatic headaches. Treatment to date has included diagnostic studies, injection and medication. On August 21, 2015, the injured worker reported decreased mid-low back symptoms but he had continued pain with associated radicular symptoms. The pain was described as cramping, numbness and stabbing. His pain level was rated as a 5-7 on a 1-10 pain scale with walking. He also complained of sharp right shoulder pain with weakness that was rated as a 7 on the pain scale. A lumbar epidural steroid injection, administered on July 20, 2015, was noted to provide 50-60% improvement of his condition with decreased pain and decreased lower extremity radicular pain and symptoms to exam date. The treatment plan included home exercise, Norco, discontinue Fexmid, random urine sample and follow-up visits. On September 3, 2015, utilization review denied a request for one urine drug screen. A request for Norco 5-325mg #30 has been modified to Norco 5-325mg #15. A request for Prilosec 20mg #30 and Pamelor 25mg #45 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug screen: 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) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, UDS.

Decision rationale: ODG guidelines note -At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. See Opioids, indicators for addiction & misuse. Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. See Opioids, tools for risk stratification & monitoring. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. The medical records provided for review document a formal assessment of addiction risk and reports intent for chronic opioid therapy. As the medical records do support these assessments, UDS is supported for current care. The request is medically necessary.

1 prescription for Norco 5/325mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: On August 21, 2015, the injured worker reported decreased mid-low back symptoms but he had continued pain with associated radicular symptoms. The pain was

described as cramping, numbness and stabbing. His pain level was rated as a 5-7 on a 1-10 pain scale with walking. He also complained of sharp right shoulder pain with weakness that was rated as a 7 on the pain scale. A lumbar epidural steroid injection, administered on July 20, 2015, was noted to provide 50-60% improvement of his condition with decreased pain and decreased lower extremity radicular pain and symptoms to exam date. The treatment plan included home exercise, Norco, discontinue Fexmid, random urine sample and follow-up visits. The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records indicate and document formal opioid risk mitigation tool use and assessment and indicate use of UDS. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do document such ongoing monitoring and positive response to function and reduced pain, the medical records do support the continued use of opioids such as Norco. The request is medically necessary.