

Case Number:	CM15-0192019		
Date Assigned:	10/06/2015	Date of Injury:	08/13/1998
Decision Date:	11/12/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/29/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial-work injury on 8-13-98. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar post laminectomy syndrome, thoracic region post laminectomy syndrome, thoracic or lumbar neuritis or radiculitis, pain in joint of pelvic region or thigh, pain in joint of lower leg, chronic pain due to trauma, and long-term use of medications. Medical records dated (3-5-15 to 7-29-15) indicate that the injured worker complains of lumbar spine and bilateral lower extremities (BLE) radicular pain. The physician indicates that she was given Hysingla a prior month and was not taking it correctly despite instruction; she was taking it for breakthrough pain instead of daily. She was taking the Hysingla but did not feel it was helping so she took Dilaudid several times a day and stopped taking the Hysingla. She has had multiple different trials of medications for her pain. The current medications included Butrans, Morphine, Baclofen, Meloxicam, Tramadol, Neurontin, Ambien, OxyContin, Oxycodone, Percocet which she stopped taking because not helping, upset stomach or nausea, Dilaudid, Valium, Effexor, Oxybutynin, Protonix and Hysingla she is currently taking but feel Hysingla is not working. The physician indicates that trials of various medications did not agree with her. The physical exam dated 7-29-15 reveals that the lumbar range of motion is diminished and painful, straight leg raise is diminished and painful, there is tenderness to palpation of the paraspinal muscles and the sacroiliac joint is tender bilaterally. Treatment to date has included pain medication, diagnostics, lumbar fusion, injections, physical therapy, urine drug screen, and home exercise program (HEP). The treating physician indicates that the urine drug test results date 6-10-15,

7-1-15, 7-29-15, and 8-29-15, were consistent with the medication prescribed. The requested service included One (1) urine toxicology. The original Utilization review dated 9-3-15 non-certified the request for One (1) urine toxicology as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) urine toxicology: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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 non-adherent) 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. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids. The patient was on opioids at the time of request and therefore the request is medically necessary.