

Case Number:	CM15-0194608		
Date Assigned:	10/13/2015	Date of Injury:	06/24/2001
Decision Date:	11/24/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/05/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

This is a 41 year old male who sustained an industrial injury on 6-24-2001. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, lumbar facet pain, sacroiliac joint pain, lumbar neuritis and chronic pain syndrome. Medical records (2-25-2015 to 8-20-2015) indicate ongoing lumbar spine pain radiating into the bilateral lower extremities rated 8-9 out of 10. Per the progress reports dated 2-25-2015 to 5-21-2015, the injured worker had discontinued Oxycodone. On 6-18-2015, Oxycodone is listed as a current medication. On 9-17-2015, the injured worker rated his pain as 6 out of 10. The injured worker reported 50% reduction in pain with medications. The physical exam (8-20-2015) revealed diffuse, bilateral paravertebral tenderness. There was tenderness in the bilateral L3-4, L4-5 and L5-S1 facet joints. Treatment has included chiropractic treatment, home physical therapy and medications. Current medications (9-17-2015) included Oxycodone, Cyclobenzaprine, Gabapentin, Amitriptyline, Omeprazole and topical creams. The treating physician indicates (9-17-2015) that urine toxicology has been appropriate. The original Utilization Review (UR) (10-1-2015) modified a request for Oxycodone from #120 to #72. UR denied a request for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Oxycodone 30mg #120: Upheld

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

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

Decision rationale: Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking Oxycontin since early in 2014 without evidence of significant benefit in pain or function to support long term use. Previous reviews have recommended weaning and have noncertified several prior requests for hydrocodone. The request for Oxycontin 30 mg #120 is not medically appropriate and necessary.

1 Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction.

Decision rationale: Guidelines state that urine drug screens may be used to avoid misuse of opioids especially for patients at high risk of abuse and are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. In this case, the records did not indicate certification of prior requests for opioids that would necessitate drug screening. The request for a urine drug test is not medically necessary and appropriate.