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| Case Number: | CM15-0196535 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 03/29/2010 |
| Decision Date: | 11/30/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

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 59-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 29, 2010. In a Utilization Review report dated September 9, 2015, the claims administrator failed to approve requests for Opana extended release, Opana immediate release, and three random urine drug testings per year. The claims administrator referenced an August 25, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 3, 2015, a psychiatric medical-legal evaluator noted that the applicant could not return to work owing to issues with depression and anxiety. The applicant had undergone an earlier failed cervical fusion surgery, it was incidentally noted. It was unlikely that the applicant would ever return to work. On August 21, 2015, the applicant reported ongoing complaints of neck and shoulder pain, 5/10. The attending provider contended that the applicant was doing well with her medications status post earlier failed cervical spine surgery. Opana extended release and Opana immediate release were renewed. Permanent work restrictions imposed by the medical-legal evaluator were renewed, although it did not appear that the applicant was working with said limitations in place. The attending provider sought authorization for repeat random drug screens over the following year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10mg #60: Upheld

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

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

Decision rationale: No, the request for Opana extended-release, 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, however, the applicant was off of work, it was reported on a psychiatric medical-legal evaluation of September 3, 2015, at which point it was acknowledged that it was unlikely that the applicant would ever return to work. While the treating provider stated on August 21, 2015 that the applicant's pain scores were reduced as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work, the treating provider's failure to quantify the reduction of pain scores effected as a result of ongoing opioid therapy, and the treating provider's failure to outline meaningful, material and/or substantive improvements in function (if any) effected as a result of ongoing opioid usage. Therefore, the request is not medically necessary.

Opana IR 5mg #45: Upheld

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

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

Decision rationale: Similarly, the request for Opana immediate release, a short-acting opioid, was likewise 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, however, the applicant was off of work, the psychiatric medical-legal evaluator reported on September 3, 2015. The prescribing provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing opioid usage on August 21, 2015. Therefore, the request is not medically necessary.

Urine Drug Screen - 3 Random per year: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for three (3) random urine drug screens was likewise 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 identify specific parameters for or establish 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 the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, attempt to conform to the best practices of the [REDACTED] [REDACTED] when performing drug testing, and attempt to categorize the applicants into higher or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, while the attending provider renewed Opana extended-release on August 21, 2015, the attending provider did not furnish the applicant's complete medication list. The attending provider did not state when the applicant was last tested. The attending provider neither signaled his intention to eschew confirmatory or quantitative testing nor signaled his intention to conform to the best practices to the [REDACTED] [REDACTED] when performing drug testing. There was no mention whether the applicant was a higher or lower-risk individual in whom more or less frequent drug testing would have been indicated. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request is not medically necessary.