

Case Number:	CM15-0197338		
Date Assigned:	10/12/2015	Date of Injury:	06/14/1995
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/07/2015

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: 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 injured worker is a 71 year old male who sustained an industrial injury on June 14, 2015. A primary treating visit dated August 18, 2015 reported subjective complaint of "ongoing chronic lower back pain that extends to both legs." Patient is noted "stable for the most part with his current medication schedule." He is able to perform ADLs with medication use. Current medications listed Tegaderm to be applied over patches. He complains of insomnia, constipation and fatigue. The following diagnoses were applied to this visit: lumbago, low back pain; radiculitis, lumbar thoracic; disc degeneration lumbosacral and encounter for long-term prescription use. The following prescriptions were written this visit: MS Contin, and Tylenol #4. A urine drug screen noted collected this visit. Primary follow up dated February 13, 2015 reported current medication regimen consisting of: Gabapentin, MS Contin, and Tylenol #4. Primary follow up dated December 29, 2014 reported medication regimen consisting of: Duragesic patches 50mcg, Tylenol #4, and Gabapentin. On September 03, 2015 a request was made for a urine drug toxicology and Tylenol #4 60mg #68 that were non-certified by Utilization Review on September 08, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4 300/60mg, #68: Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker is prescribed MS Contin and Tylenol with Codeine without continued documentation of significant functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tylenol #4 300/60mg, #68 is determined to not be medically necessary.

One qualitative urine drug screen, single drug class and quantity of 6 to include assay of urine creatinine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Screen Section.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (ODG), urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. State and local laws may dictate the frequency of urine drug testing. In this case, the concurrent request for opioid medications is not supported, therefore, there is no indication for urine drug screens. The request for one qualitative urine drug screen, single drug class and quantity of 6 to include assay of urine creatinine is determined to not be medically necessary.

