

Case Number:	CM15-0201002		
Date Assigned:	10/20/2015	Date of Injury:	08/23/2001
Decision Date:	12/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/13/2015

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: Arizona, Michigan

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 57 year old male, who sustained an industrial-work injury on 8-23-01. He reported initial complaints of bilateral low back pain. The injured worker was diagnosed as having degeneration of lumbar disc, chronic pain, and hypertension. Treatment to date has included medication, nerve stimulator, diagnostics, surgery (right foot). Currently, the injured worker complains of chronic pain (upper and lower back, neck, and right foot) with bilateral ankle swelling, bilateral leg pain that radiates up to the groin. Blood pressure med was not taken due to non-compliance. Meds include Oxycontin and Valium. Per the emergency report from 8-8-15, exam notes bilateral lower extremity pain to groin with edema. Blood pressure was elevated. Skin color was normal. EKG (electrocardiogram) was normal. Ultrasound to both legs was negative for deep vein thrombosis, pulses were strong bilaterally. The Request for Authorization requested service to include Oxycontin 30mg #48, Seroquel 50mg #30, Valium 10mg #48, Toxicology- urine drug screen. The Utilization Review on 9-22-15 denied the request for Oxycontin 30mg #48, Seroquel 50mg #30, Valium 10mg #48, Toxicology-urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #48: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records reveal documentation of pain and functional improvement with the use of oxycontin as well as ongoing management actions as required by the guidelines, continued use is appropriate, therefore the request for Oxycontin 30mg #48 is medically necessary.

Seroquel 50mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate / Seroquel (Quetiapine).

Decision rationale: The MTUS / ACOEM and the ODG did not specifically address the use of Seroquel, therefore other guidelines were consulted. Per UpToDate Seroquel (Quetiapine) is a "Second Generation (Atypical) Antipsychotic". A review of the injured workers medical records did not reveal a clear rationale for the use of this medication in the injured worker, without this information medical necessity is not established. Therefore the request for Seroquel 50mg #30 is not medically necessary.

Valium 10mg #48: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS does not recommend long term use of benzodiazepines, long term efficacy is unproven and there is a risk of dependence, most guidelines limit use to 4 weeks. Tolerance to all of its effects develop within weeks to months, and long term use may actually increase anxiety, a more appropriate treatment for anxiety disorder is an antidepressant. Chronic benzodiazepines are the treatment of choice in very few conditions. A review of the injured worker medical records do not reveal a clear rationale for the use of this medication, without this information medical necessity is not established, therefore the request for Valium 10mg #48 is not medically necessary.

Toxicology, urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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.

Decision rationale: Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, during ongoing management and to avoid misuse/ addiction. Per the ODG, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. A review of the injured workers medical records did not reveal documentation of risk stratification and without this information the request for Urine Drug Test is not medically necessary and has not established.