

<b>Case Number:</b>	CM15-0206399		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	03/30/2000
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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:

The injured worker is a 51 year old male who sustained an industrial injury on 03-30-2000. A review of the medical records indicated that the injured worker is undergoing treatment for Reflex Sympathetic Dystrophy Syndrome (RSD) left leg, post lumbar laminectomy syndrome, chronic diffuse pain syndrome, osteoarthritis, insomnia and opiate tolerance. The injured worker is status post lumbar laminectomy and fusion (13 surgeries since approximately 2002) and left knee arthroscopy with partial medial meniscectomy (no date documented). According to the treating physician's progress report on 09-04-2015, the injured worker continues to experience chronic diffuse thoracic, lower back and bilateral lower extremity pain. Examination noted gait and motion are within baseline for his level of function and neurologically intact without apparent gross deficiencies that were altered from baseline function. The injured worker had been on multiple opiate medications including Butrans patches, Dilaudid, Norco, and OxyContin, anti-inflammatory, muscle relaxants; sleep aids, anti-epileptics, and non-steroidal anti-inflammatory drugs (NSAIDs) and topical analgesics. Prior treatments have included diagnostic testing, surgery, extensive physical therapy, acupuncture therapy, transforaminal lumbar epidural steroid injections, lumbar nerve blocks, multidisciplinary treatment plans and medications. Current medications were listed as MsContin CR 30mg (since approximately 04-2013), Etodolac ER, Dilaudid, Gabapentin, Baclofen, Desipramine, Pantoprazole, Miralax and Senna. Urine drug screening was reported as consistent without aberrant behaviors. Treatment plan consists of Botox injection treatment, removal of lumbar hardware, medication regimen, staying active, walking and the current request for MsContin CR 30mg #90 and retrospective

request for urine drug screening, Qty #1 (DOS: 09-04-2015). On 09-26-2015 the Utilization Review modified the request for MsContin CR 30mg #90 to MsContin CR 30mg #10 and the retrospective request for urine drug screening, Qty #1 (DOS: 09-04-2015) was considered not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MS Contin CR 30mg #90:** Upheld

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

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

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for MS Contin CR 30 mg #90 is not medically necessary.

**Retrospective request for urine drug screen, quantity: 1, date of service 09/04/2015:** 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, 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 use of an opioid medication that would necessitate drug screening. The request for a urine drug test is not medically necessary and appropriate.