MAXIMUS Federal Services

Case Number:	CM15-0021781		
Date Assigned:	02/11/2015	Date of Injury:	12/22/2008
Decision Date:	04/07/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/05/2015

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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40-year-old male who reported an injury on 12/22/2008. The injury reportedly occurred after he had been kneeling on his left knee and leaned forward, experiencing a sharp pain which he described as feeling as if he had knelt on a rock. His past treatments were noted to include physical therapy, acupuncture, activity modification, epidural steroid injections, home exercise, psychotherapy, and medications. At his follow-up visit on 01/07/2015, the injured worker reported chronic lower back pain, rated 7/10. Physical examination revealed decreased range of motion of the lumbar spine due to pain. His diagnoses include lumbar intervertebral disc degeneration, lumbago, and sciatica. The treatment plan included medication refills. His medications were noted to include Norco 10/325 mg 4 times a day as needed, Soma 350 mg 4 times a day as needed, Xanax 1 mg 3 times a day, omeprazole 20 mg twice a day, ibuprofen 800 mg twice a day as needed, diclofenac XR 100 mg twice a day as needed, Butrans 5 mcg/hour patches weekly, Exalgo 8 mg 1 daily, OxyContin 20 mg 3 times a day, and Viagra 50 mg daily as needed. Requests were received for Norco 10/325mg, #120 and OxyContin 20mg, #90, as well as urine analysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, adverse side effects, and appropriate medication use. The clinical information submitted for review indicated the injured worker has been using Norco since at least 09/29/2013. Recent documentation indicates that oral pain medications are the injured worker's only reported alleviating factors to his pain. However, there was a lack of documentation showing objective evidence of pain relief with pain scales before and after taking this medication. There was also insufficient documentation showing functional improvement with the use of the medication, and the documentation did not specifically address adverse side effects or aberrant behavior. Furthermore, the submitted medical records did not include evidence of a previous urine drug screen within the last year verifying medication compliance. For these reasons, continued use of this medication is not supported by guidelines. Additionally, the request as submitted did not include a frequency. As such, the request is not medically necessary.

Oxycontin 20mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, adverse side effects, and appropriate medication use. The clinical information submitted for review indicated that the injured worker has been taking OxyContin since at least 05/16/2014. Recent documentation indicates that pain medications are the only alleviating factors to the injured worker's pain. However, there was no objective evidence of pain relief with use of this medication evidenced by pain ratings before and after use. Additionally, there was insufficient documentation regarding functional improvement with the use of this medication, and the documentation did not address adverse side effects or aberrant behavior. Additionally, the submitted documentation did not include a urine drug screen within the last year showing appropriate results verifying compliance. For these reasons, continued use of this medication is not supported. Furthermore, the request as submitted did not include a frequency.

Urine Analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Toxicology.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines suggest use of urine drug screening to verify medication compliance for patients taking opioid medications at a frequency based on risk stratification for abuse or noncompliance. The clinical information submitted for review failed to provide documentation regarding the injured worker's previous urine drug screens to include the date and results of the most recent test. Therefore, it is unclear whether testing is indicated at this time. Furthermore, as it was determined that the injured worker's opioid medications were not appropriate for continued use, a urinalysis to verify compliance of these medications is also not supported. For these reasons, the request is not medically necessary.