

<b>Case Number:</b>	CM15-0024278		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	10/02/2001
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Ohio, 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 2, 2001. In a Utilization Review Report dated January 15, 2015, the claims administrator failed to approve requests for oxycodone and urine drug screen. The claims administrator referenced an RFA form received on January 12, 2015 and an associated progress note of January 7, 2015 in its determination. The claims administrator noted that the applicant was status post failed lumbar spine surgery. The applicant's attorney subsequently appealed. On January 29, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck, low back, and shoulder pain, highly variable, 4-9/10 pain. The applicant was having difficulty performing activities of daily living as basic as standing, lifting, and reaching overhead. Ancillary complaints of depression, anxiety, and sleep disturbance were noted. The applicant was severely obese, standing 5 feet 6 inches tall and weighing 270 pounds. The applicant was using oxycodone for pain relief. The attending provider posited that ongoing usage of oxycodone was beneficial but did not elaborate further. Oxycodone, Valium, Ambien, and topical compounds were endorsed while the applicant was kept off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

**Decision rationale:** No, the request for oxycodone, a short-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 a result of the same. Here, the applicant was/is off of work, on total temporary disability, despite ongoing oxycodone usage. The applicant continues to report pain complaints as high as 9/10, despite ongoing oxycodone usage. The applicant's continued complaints of difficulty standing, walking, lifting, and reaching overhead likewise did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines (May 2009) (Opiates, steps to avoid misuse/addiction). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTU.

**Decision rationale:** Similarly, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, should attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and should attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider did not make any effort to categorize the applicant into higher- or lower-risk categories. It was not clearly established when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.