

Case Number:	CM15-0024955		
Date Assigned:	02/17/2015	Date of Injury:	06/29/2011
Decision Date:	03/27/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/10/2015

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: Florida
 Certification(s)/Specialty: Family Practice

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 6/29/2011. The current diagnoses are status post fusion of L4 to S1 in February 2006 with subsequent decompression in July 2011, residual sprain/strain of the lumbar spine, bilateral lower extremity radiculitis, and bilateral sacroiliac joint sprain. Currently, the injured worker complains of increased back pain. Per notes, he was seen in the emergency room on 1/2/2015 and was prescribed MS Contin 15mg. The physical examination of the lumbar spine revealed tenderness to palpation over the paraspinal musculature with spasm. Straight leg raising test is positive radiating to the bilateral calves. There is decreased and painful range of motion. There is decreased sensation in the bilateral L3-L4 dermatomes. Hardware removal in the lumbar spine is pending authorization. Treatment to date has included medications, physical therapy, TENS unit, home exercise program, chiropractic, trigger point injections, and surgery. The treating physician is requesting MS Contin 15mg #60, Percocet 5mg #120, and urine drug screen, which is now under review. On 1/27/2015, Utilization Review had non-certified a request for MS Contin 15mg #60, Percocet 5mg #120, and urine drug screen. The California MTUS Chronic Pain and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15 MG Every 12 Hours Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115. Page(s): page(s) 110-115..

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if “(a) If the patient has returned to work, (b) If the patient has improved functioning and pain.” MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of improved function with this chronic narcotic medication. Likewise, this requested chronic narcotic is not considered medically necessary.

Percocet 5 MG 4 Times Daily As Needed Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115. Page(s): page(s) 110-115..

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of improved function with this chronic narcotic medication. Likewise, this requested chronic narcotic is not considered medically necessary.

Urine Drug Screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): pages 77-79. Decision based on Non-MTUS Citation Official Disability Guidelines. Drug Screens.

Decision rationale: The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. The ODG states that individuals considered at low risk for aberrant behavior should be screened within 6 months of the initiation of therapy and then on a yearly basis thereafter. This patient appears to have last had a drug screen in 6/2014 and the

results were appropriate. A repeat urine drug screen in 12/2014 is medically appropriate and necessary.