

Case Number:	CM15-0221386		
Date Assigned:	11/17/2015	Date of Injury:	11/02/2011
Decision Date:	12/24/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 11-2-11. The injured worker was diagnosed as having stenosis of intervertebral foramina, right hip degenerative joint disease with contracture, lumbar radiculopathy, lumbar facet arthropathy, back sprain-strain, sacroiliac joint dysfunction, and lumbar intervertebral disc degeneration. Treatment to date has included current medication: Percocet, Norco, Gralise, Zipsor (Diclofenac), Flector patch, Simvastatin, Lisinopril, and Ativan, medial branch blocks and radiofrequency ablation, status post caudal epidural steroid injection on 1-5-15, L4-5 left laminectomy-partial discectomy, and diagnostics. CT scan report revealed a CAM type femoral acetabular impingement indicating need for steroid injection-replacement per PR-2 on 9-25-15. Currently, the injured worker complains of continued dysesthesia in right lower extremity and right hip pain rated 6 out of 10. Per the primary physician's progress report (PR-2) on 9-25-15, exam noted weakness, paresthesias, anxiety, positive straight leg raise on right, positive Patrick's maneuver, antalgic gait, spasm in right lumbar area, decreased strength in the right lower extremity, reduced reflexes in bilateral knees. The Request for Authorization requested service to include Urine toxicology screen X 1, Percocet 10/325mg 1-2 by mouth 3 times a day daily as needed, max 6/day #180 prescribed 10/20/15, and Dilaudid 4mg 1 by mouth every night as needed #15 prescribed 10/20/15. The Utilization Review on 10-29-15 denied the request for Urine toxicology screen X 1, Percocet 10/325mg 1-2 by mouth 3 times a day daily as needed, max 6/day #180 prescribed 10/20/15, and Dilaudid 4mg 1 by mouth every night as needed #15 prescribed 10/20/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen X 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant sustained a work injury in November 2011 when he had low back and right hip pain while pulling a 60-pound oxygen tank. He underwent a lumbar decompression in July 2015. In August 2015 he was having increased low back pain. Norco was no longer helping. He was having low back pain radiating into the right groin and leg. Pain was rated at 6-10/10. Percocet was prescribed. In September 2015 he was having continued right hip pain and was having dysesthetic right testicular and leg pain. Pain was rated at 4-10/10. When seen in October 2015 he was having ongoing radiating pain. A lumbar transforaminal epidural injection had been scheduled. Pain was now rated at 8-10/10. Physical examination findings included decreased lumbar spine range of motion. There was positive right straight leg raising. Patrick and Fabere testing was positive on the right. There was an antalgic and weak gait. He had decreased lower extremity strength and sensation. Dilaudid was started and Percocet was continued. The total average MED was less than 100 mg per day. Criteria for the frequency of urine drug testing include risk stratification. In this case, opioid medications are being increased, Norco and Percocet have been recently prescribed, and Dilaudid is being added. There is no urine drug screening results since the claimant's surgery in July 2015. Urine drug screening is medically necessary.

Percocet 10/325mg 1-2 by mouth 3 times a day daily as needed, max 6/day #180 prescribed 10/20/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioid hyperalgesia.

Decision rationale: The claimant sustained a work injury in November 2011 when he had low back and right hip pain while pulling a 60-pound oxygen tank. He underwent a lumbar decompression in July 2015. In August 2015 he was having increased low back pain. Norco was no longer helping. He was having low back pain radiating into the right groin and leg. Pain was rated at 6-10/10. Percocet was prescribed. In September 2015 he was having continued right hip

pain and was having dysesthetic right testicular and leg pain. Pain was rated at 4-10/10. When seen in October 2015 he was having ongoing radiating pain. A lumbar transforaminal epidural injection had been scheduled. Pain was now rated at 8-10/10. Physical examination findings included decreased lumbar spine range of motion. There was positive right straight leg raising. Patrick and Fabere testing was positive on the right. There was an antalgic and weak gait. He had decreased lower extremity strength and sensation. Dilaudid was started and Percocet was continued. The total average MED was less than 100 mg per day. Percocet (oxycodone/acetaminophen) is a short acting combination opioid medication used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having worsening moderate to severe pain after lumbar spine surgery in July 2015. The total MED prescribed remained less than 120 mg per day consistent with guideline recommendations. Pain assessments are being done at every visit. Opioid hyperalgesia may be occurring and guidelines state that it is not unreasonable to give a trial of opioid dose escalation to see if pain and function improves. Therefore, the request is considered medically necessary.

Dilaudid 4mg 1 by mouth every night as needed #15 prescribed 10/20/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Intrathecal drug delivery systems, medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioid hyperalgesia.

Decision rationale: The claimant sustained a work injury in November 2011 when he had low back and right hip pain while pulling a 60-pound oxygen tank. He underwent a lumbar decompression in July 2015. In August 2015 he was having increased low back pain. Norco was no longer helping. He was having low back pain radiating into the right groin and leg. Pain was rated at 6-10/10. Percocet was prescribed. In September 2015 he was having continued right hip pain and was having dysesthetic right testicular and leg pain. Pain was rated at 4-10/10. When seen in October 2015 he was having ongoing radiating pain. A lumbar transforaminal epidural injection had been scheduled. Pain was now rated at 8-10/10. Physical examination findings included decreased lumbar spine range of motion. There was positive right straight leg raising. Patrick and Fabere testing was positive on the right. There was an antalgic and weak gait. He had decreased lower extremity strength and sensation. Dilaudid was started and Percocet was continued. The total average MED was less than 100 mg per day. Dilaudid (hydromorphone) is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having worsening moderate to severe pain after lumbar spine surgery in July 2015. The total MED prescribed remained less than 120 mg per day consistent with guideline recommendations. Pain assessments are being done at every visit. Opioid hyperalgesia may be occurring and guidelines state that it is not unreasonable to give a trial of opioid dose escalation to see if pain and function improves. Therefore, the request is considered medically necessary.