

Case Number:	CM15-0034153		
Date Assigned:	03/02/2015	Date of Injury:	03/11/1993
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/24/2015

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

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 61 year old male, who sustained an industrial injury on March 11, 1993. He has reported low back pain. His diagnoses include lumbar degenerative disc disease and failed back surgery syndrome. He has been treated with MRI, home exercise program, physical therapy, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. On January 19, 2015, his treating physician reports constant low back pain. The pain level was 7/10 and his medications help his pain by 80%. The physical exam revealed decreased range of motion, pain with extremes of range of motion, and negative straight leg raise. The treatment plan includes refills of pain medications and a request for a urine drug screen. On February 24, 2015, the injured worker submitted an application for IMR for review of requests for Methadone 10mg QTY: 90, Dilaudid 4mg QTY: 180, and a urine toxicology screen QTY: 12. The Methadone and Dilaudid were modified based on insufficient and unclear documentation of the benefit from these medications. In addition, in the prior review it was noted the Methadone dosage was being tapered and should continue. The tapering has not been continued, but these elevated levels of opioids must be decreased. The urine toxicology screen was modified based on the ordering provider to provide a clear indication as to why the test is being ordered. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in the lower back and right leg. The request is for METHADONE 10 MG # 90. Patient treatments include physical therapy, home exercise program, and medications. Per 01/19/15 progress report, patient's diagnosis include degenerative disc disease and failed back surgery syndrome. Patient's medications, per 01/19/15 Request For Authorization form, include Methadone and Diludad. Patient's work status is not specified. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater has not provided a reason for the request. In this case, the progress reports provided are hand-written, legible and not very inclusive, as they did not contain information on physical examination and patient's medications. The request is for Methadone #90. UR letter dated 01/26/15 has modified it to # 80. Per 01/26/15 UR letter, patient has been using Methadone from 03/10/14 to 01/19/15. In this case, treater has not stated how Methadone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Dilaudid 4mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in the lower back and right leg. The request is for DILAUDID 4 MG # 180. Patient treatments include physical therapy, home exercise program, and medications. Per 01/19/15 progress report, patient's diagnosis include degenerative disc disease and failed back surgery syndrome. Patient's medications, per 01/19/15 Request For Authorization form, include Methadone and Dilaudid. Patient's work status is not specified.

MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater has not provided a reason for the request. In this case, the progress reports provided are hand-written, legible and not very inclusive, as they did not contain information on physical examination and patient's medications. The request is for Dilaudid #180. UR letter dated 01/26/15 has modified it to #150. In review of the medical records provided, it cannot be determined how long the patient has been prescribed with Dilaudid. However, it is stated in 01/26/15 UR letter, "Chronic Dilaudid chronic use" In this case, treater has not documented how Dilaudid reduces pain and improves patient's activities of daily living. The 4A's have not been addressed properly, and adequate documentation has not been provided including numeric scales and functional measures that show significant improvement. No UDS's, opioid pain agreement or CURES reports have been provided either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter for Urine Drug Testing.

Decision rationale: The patient presents with pain in the lower back and right leg. The request is for 12 URINE TOXICOLOGY SCREEN. Patient treatments include physical therapy, home exercise program, and medications. Per 01/19/15 progress report, patient's diagnosis include degenerative disc disease and failed back surgery syndrome. Patient's medications, per 01/19/15 Request For Authorization form, include Methadone and Diludad. Patient's work status is not specified. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Treater has not provided a reason for the request. In this case, the progress reports provided are hand-written, legible and not very inclusive, as they did not contain information on physical examination and patient's medications. The request is for 12 UDS tests. UR letter, dated 01/26/15 has modified the request to 1. Based on the UR letter dated 01/26/15, patient is on chronic Methadone and Dilaudid use. In review of the medical records provided, there was no evidence of a prior urine screening test. Urine drug screening for proper opiates monitoring is recommended per MTUS and ODG on an annual basis. However, the

request for 12 tests exceeds what is allowed by the guidelines and therefore, it IS NOT medically necessary.