

Case Number:	CM15-0035687		
Date Assigned:	03/04/2015	Date of Injury:	12/10/2009
Decision Date:	04/20/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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 injured worker is a 64 year old male, who sustained an industrial injury on 12/10/2009. He reports a back injury while moving a heavy object up onto a roof. Diagnoses include right lumbar 4-5 radiculopathy secondary to a synovial cyst and lumbar 4-5 spondylosis with segmental instability. Treatments to date include lumbar 4 to sacral 1 laminectomy in 2012, lumbar epidural steroid injection, physical therapy, and medication management. A progress note from the treating provider dated 1/15/2015 indicates the injured worker reported low back pain with radicular symptoms to the right lower extremity. On 2/6/2015, Utilization Review non-certified the request for OxyContin 15 mg #60 and urine drug screen and modified the request for Norco 10/325 mg #90 to #30, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

UA drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker is being treated chronically with opioid pain medications. Ongoing assessment of opioid pain medication by the treating provider indicates that urine drug testing is a necessary part of assessing aberrant drug behavior. Prior medical reports do not indicate that this test has been over used. The request for UA drug screen is determined to be medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records indicate that there are concerns of aberrant drug behavior, which per the MTUS Guidelines is indication for discontinuation of opioid pain medications. The medical reports indicate that Norco provides good but inadequate pain relief. The injured worker reportedly does not like Norco, but wants to continue it and also wants long acting medication in addition to Norco. Norco reportedly allows him to carry out some light ADLs and walk a little bit, but there is no report of significant functional improvement. Norco is reported to improve his overall quality of life; however, this is not evident by the history and exam. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #90 is determined to NOT be medically necessary.

Oxycontin 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records indicate that there are concerns of aberrant drug behavior, which per the MTUS Guidelines is indication for discontinuation of opioid pain medications. The medical reports indicate that Norco provides good but inadequate pain relief. The injured worker reportedly does not like Norco, but wants to continue it and also wants long acting medication in addition to Norco. Norco reportedly allows him to carry out some light ADLs and walk a little bit, but there is no report of significant functional improvement. Norco is reported to improve his overall quality of life; however, this is not evident by the history and exam. The medical necessity of chronic opioid pain medications and adding Oxycontin to the treatment plan has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycontin 15mg #60 is determined to NOT be medically necessary.