

Case Number:	CM15-0053468		
Date Assigned:	03/26/2015	Date of Injury:	03/30/2006
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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: North Carolina, Georgia
 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 54 year old male, who sustained an industrial injury on 03/30/2006. On provider visit dated 02/19/2015 the injured worker has reported lumbar spine pain on examination he was noted to have decreased lordosis, diffuse tenderness, tightness and spasm to palpation and spasm in the bilateral paraspinal muscles. There was noted severe tenderness to palpation in the lumbar spine facets L4-S1. The diagnoses have included post-surgical L5-S1 fusion, lumbar chronic pain syndrome, lumbar discopathy, lumbar radiculopathy, lumbar facet syndrome, bilateral sacroiliitis and depression. Treatment to date has included laboratory studies and medication. The provider requested refill of pain medication Percocet for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #180, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Percocet, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Percocet. The request is not medically necessary.

UDS: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screen.

Decision rationale: CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, the pain medication prescribed has been stable, there is no documented plan to change or increase medication and there is no information submitted to indicate a moderate or high risk of addiction or aberrant behavior in the patient. However, there has not been a urine drug screen performed in the previous 6 months a urine drug screen is reasonable at this time. There is medical indication for urine drug screen and the original UR denial is overturned. Therefore the request is medically necessary.