

<b>Case Number:</b>	CM15-0058903		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	08/27/2009
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Arizona, California  
 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 43 year old male who sustained an industrial injury on 8/27/09. The injured worker reported symptoms in the back. The injured worker was diagnosed as having chronic pain syndrome, spinal Enthesopathy, spasm of muscle, lumbago, post-laminectomy syndrome lumbar region, displacement of thoracic or lumbar intervertebral disc without myelopathy; thoracic intervertebral disc without myelopathy, lumbosacral radiculitis and back pain. Treatments to date have included chiropractic treatments, acupuncture treatment, physical therapy, transcutaneous electrical nerve stimulation unit, oral pain medication, and injections. Currently, the injured worker complains of back pain. The plan of care was for urine drug screen, medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine oral tablet extended release 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** According to the guidelines, Morphine is not indicated as 1st line for lumbar root pain. In addition, the combined dose of opioids should not exceed 120 mg daily. In this case, the claimant was on Morphine 100 mg daily along with Oxycodone 30 mg TID which exceeds the guideline recommendations. The continued use of Morphine at the current dose is not medically necessary.

**Oxycodone oral tablet 30mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for a several months. In addition, the combined dose of opioids should not exceed 120 mg daily. In this case, the claimant was on Morphine 100 mg daily along with Oxycodone 30 mg TID which exceeds the guideline recommendations. Although the claimant was on a reduced dose of Oxycodone vs. prior months, there was no mention of a weaning protocol to reduced combined morphine equivalent dosage. The continued use of Oxycodone as prescribed above is not medically necessary.

**Urine Drug Screen (every 3 months and as needed) Qty: 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.