

Case Number:	CM15-0233540		
Date Assigned:	12/09/2015	Date of Injury:	05/29/1992
Decision Date:	01/12/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	11/30/2015

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 61 year old male who sustained an industrial injury May 29, 1992. Diagnoses are failed neck surgery syndrome; degenerative disc disease, cervical; radiculopathy, cervical region; myofascial pain syndrome, cervical; depressive disorder; occipital neuralgia; chronic pain. According to a primary treating physician's (pain management specialist) progress report dated November 10, 2015, the injured worker presented for follow-up with ongoing pain in the neck and upper back region. The physician documented the use of Oxycontin is not giving him any relief and was discontinued and now will increase Roxicodone from max 4 per day to max 8 per day. He rated his current pain 6 out of 10 on a good day and 10 out of 10 on a bad day. He also complains of tinnitus without earache or discharge, wheezing without cough, sputum, or dyspnea, and depression and anxiety. Current medication included Roxicodone, Clonazepam, Morphine Sulfate (injectable intrathecal pain pump), Prozac, Wellbutrin XL, Zantac, Senna, Zanaflex, Senokot, and Oxycontin. Objective findings included; cervical- diffuse tenderness worse over right facets and occiput, right cervical spasm, Spurling's and Hoffman's negative; lumbar sacral- diffuse tenderness and spasm, pain with range of motion, seating and supine straight leg raise negative; heel to walking normal; Patrick's and Fabere negative; gait antalgic; sensory normal to pinprick, vibration and light touch, upper and lower extremities. Treatment plan included to continue with home exercise program, moist heat and stretches. At issue, is a request for authorization for a toxicology screen and Roxicodone. A toxicology report dated September 15, 2015, is present in the medical record and documented as positive for Benzodiazepines, Opiates, and Oxycodone; Creatinine 99.3. A toxicology report dated August

18, 2015, is present in the medical record and documented as positive for Benzodiazepines, Opiates, and Oxycodone; Creatinine 144.9. According to utilization review dated November 17, 2015, the requests for a Toxicology Screen and Roxicodone 30mg #240 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of urine drug testing <http://www.odg-twc.com>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Screen Section.

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. Per the Official Disability Guidelines (ODG), urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. In this case, the associated request for continued opioid treatment is not supported and has not been supported in previous reviews, therefore, there is no current indication for a toxicology screen. The request for toxicology screening is determined to not be medically necessary.

Roxicodone 30mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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. In this case, there is a lack of quantifiable pain relief or objective evidence of functional improvement with the prior use of opioids. 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 Roxicodone 30mg #240 is determined to not be medically necessary.