MAXIMUS Federal Services

Case Number:	CM14-0144041		
Date Assigned:	09/12/2014	Date of Injury:	05/05/1998
Decision Date:	10/15/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 5, 1998,Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier lumbar spine surgery; subsequent implantation of a spinal cord stimulator; and unspecified amounts of physical therapy over the course of the claim.In a Utilization Review Report dated August 21, 2014, the claims administrator failed to approve a request for Opana, Amrix, and a urine drug screen apparently performed on July 28, 2014.The applicant's attorney subsequently appealed.In an August 19, 2014 medical-legal evaluation, the applicant presented reporting persistent complaints of low back pain radiating to the bilateral lower extremities. The applicant had not worked since July 2001, it was stated, and had a variety of issues including hypertension and depression also present. The applicant was on Valium, Wellbutrin, Vicodin, methadone, Norvasc, potassium, Celebrex, Topamax, and Dulcolax, it was stated.In a January 24, 2014 progress note, the applicant reported persistent complaints of 10/10 low back and knee pain. The applicant was having difficulty performing standing, walking, and home exercises, it was stated. The applicant apparently had an indwelling morphine pump as well as a spinal cord stimulator pump, it was stated. The applicant was asked to appeal medications previously denied through the Utilization Review system.In an August 29, 2014 progress note, the applicant reported 9/10 low back and knee pain. The applicant was status post a recent morphine pump refill. Limited lumbar range of motion was noted. The applicant was apparently permanent and stationary. The attending provider seemingly appealed previously denied Opana and Amrix.On April 2, 2014, the applicant underwent drug testing. Drug testing in question was positive for several opioid metabolites. The attending provider went on to perform quantitative and confirmatory testing.On July 20, 2014, the applicant reported 6-7/10 pain with medications

versus 8-10/10 pain without medications. The applicant continued to report muscle spasm and stated that Amrix was not diminishing the muscle spasms. The applicant was using Opana, Amrix, and Amitiza, it was stated. Each of the same was refilled. The applicant's intrathecal pain pump was apparently also refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana IR 10mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant has not worked in several years, it has been suggested. The applicant continues to report pain levels as high 6-7/10, despite ongoing usage of Opana. The attending provider has failed to recount or describe any material improvements in function achieved as a result of ongoing Opana usage. Therefore, the request is not medically necessary.

Amrix 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Amrix) to other medications is not recommended. In this case, the applicant is concurrently using an oral opioid agent, Opana, as well as several intrathecal agents. Adding Amrix (cyclobenzaprine) to the mix is not recommended. Therefore, the request is not medically necessary.

Urine drug screen (UDS): 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 ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, clearly state when the applicant was last tested, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. ODG goes on to note that quantitative and/or confirmatory testings are typically not recommended outside of the Emergency Department Drug Overdose context. In this case, however, the attending provider did seemingly perform confirmatory and quantitative testing of several different opioid and benzodiazepine metabolites. Such tests did not conform to the best practices of the United States Department of Transportation (DOT). The attending provider did not, furthermore, clearly state when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.