

Case Number:	CM14-0146285		
Date Assigned:	09/12/2014	Date of Injury:	07/04/2012
Decision Date:	11/12/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/09/2014

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 Physical Medicine and Rehabilitation 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:

This 53 year-old patient sustained an injury on 7/4/12 while employed by [REDACTED]. Request(s) under consideration include Percocet 5/325mg #120, Ibuprofen 800mg #90, and Retrospective Urine Drug Screen, DOS: 7/17/14. Diagnoses include Lumbar intervertebral disc displacement without myelopathy s/p L3-S1 fusion. Reports of 1/16/14, 3/6/14, 4/17/14, and 7/17/14 from the provider noted the patient with ongoing chronic severe low back pain radiating into the lower extremities; He is prescribed Percocet, which does provide functional improvement; he has been doing a home exercise program. Exam showed unchanged findings of antalgic gait, uses a cane, limp on left; moderate tenderness and spasm in lumbar paravertebral muscles; limited range with flex/ext/lateral bending at 30/0/5 degrees; positive SLR at 35/50 degrees on left and right with pain in lower extremity; left knee with swelling and effusion, limited range, medial/lateral joint line tenderness on left with positive McMurray's and 4/5 left knee extension strength; with decreased L4 sensation on left. Diagnoses were failed back syndrome/ radiculopathy/ s/p L3-S1 fusion. UDS report dated 4/22/14 noted prescribed Flexeril and Percocet with inconsistent negative opiate results; UDS of 1/20/14 had positive opiates and Soma (no listed as prescribed) without change in treatment regimen addressed. The request(s) for Percocet 5/325mg #120 was recommended for weaning, Ibuprofen 800mg #90 and Retrospective Urine Drug Screen, DOS: 7/17/14 were non-certified on 8/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities or decreased in medical utilization. There is no evidence of utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance as the patient had inconsistent drug screening negative for prescribed opiates; however, no adjustment was made by the provider regarding the aberrant drug behavior. Review indicated recommendation for weaning; however no attempt has been made. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Percocet 5/325mg #120 is not medically necessary and appropriate.

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Ibuprofen 800mg #90 is not medically necessary and appropriate.

Retrospective Urine Drug Screen, DOS: 7/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing

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

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control. This patient has been prescribed long-term opioid this chronic 2012 injury. The patient is not working and continues to treat for unchanged chronic symptoms. Presented medical reports from the provider have unchanged clinical findings without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain despite evidence of aberrant drug behavior with previous inconsistent UDS result. Guidelines do not recommend long-term use of opiates without functional improvement, especially in light of inconsistent UDS. The Retrospective Urine Drug Screen, DOS: 7/17/14 is not medically necessary and appropriate.