

Case Number:	CM14-0149367		
Date Assigned:	09/18/2014	Date of Injury:	01/13/2010
Decision Date:	11/07/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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, has a subspecialty in Interventional Spine 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 patient is a 57 year old male with an injury date of 01/13/10. The 05/05/14 report by ■■■ states that the patient presents with continued severe pain in the lower back extending down the left lower extremity with symptoms of numbness and weakness. The reports do not state if the patient is working. Examination reveals antalgic gait and difficulty ambulating. There is well healed surgical scar extending from mid lumbar to the upper sacral region. There are significant muscle spasms involving the paraspinous muscle groups, worse on the left than right with range of motion in the lower back significantly decreased. Straight leg raise test is positive. The patient's diagnoses include: Status post L4-L5 and L5-S1 fusion with instrumentation Severe left lower extremity radiculitis and radiculopathy Possible adjacent-level facet disease above the fusion at left L2-3 and L3-4 Possible focalized pain over the pedicle screws with great overlying muscle spasms As of 11/14/13 medications were listed as Fentanyl patch, Hydrocodone, Oxycodone, Alprazolam, Buproion, Celebrex, Cyclobenzaprine, Lunesta, Lyrica and Orphenadrine. The utilization review being challenged is dated 08/19/14. Reports were provided from 08/31/12 to 06/05/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)

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

Decision rationale: The patient presents with chronic severe lower back pain extending down the left lower extremity with numbness and weakness. The treater requests for a Urine drug screen. MTUS guidelines do not specify the frequency of UDS for risks of opiate users. ODG guidelines, however, recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. For moderate and high risk, more frequent UDS's are recommended. The reports provided show opioid use by this patient since before 08/14/12. There is much discussion in the reports regarding the use of opioids, weaning, and the patient as a candidate for an intrathecal pump. However, there is no opiate risk assessment. Five urine toxicology reports were provided from 06/11/13 to 06/20/14 showing the presence of Hydrocodone and Oxycodone. In this case, UDS's are routinely used quite frequently and the treater does not provide risk assessment. 3-4 time UDS's per year may be appropriate for high risk opiate users but too frequent for routine monitoring. Therefore this request is not medically necessary.

1 refill of 15 Fentanyl patches 75 mcg/hr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain;opioids Page(s): 60,61;88,89,76-78.

Decision rationale: The patient presents with chronic severe lower back pain extending down the left lower extremity with numbness and weakness. The treater requests for 1 refill of 15 Fentanyl (an opioid) patches. The reports provided show that the patient has been using this medication since before 11/14/13. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." On 11/14/13 the patient reports that fewer highs and lows are experienced with this medication. There is no other discussion of the medication in the reports provided. The reports show assessment of the patient's pain at each visit, however, not with the use of pain scales with the exception of 11/14/13 when pain was described as 6-10/10. On 10/18/13 the treater states opiate medications have escalated with decreased functions. On 02/04/14 it is stated the patient has minimal ability to function due to pain and that preparations are being made to wean the patient from opioids. Problems with sleep are mentioned. However, no specific ADL's are mentioned to show a significant change with use of this medication. On 06/04/14 the treater states authorization of a

trial of intrathecal opioids has been requested. Opiate management issues are discussed. The reports shows counseling of the patient in the use and risks of opioids. Five urine toxicology reports are provide from 06/11/13 to 06/20/14 that show the presence of Oxycodone and Hydrocodone. There does not appear to be beneficial change to warrant the use of long-term opiates nor is there sufficient documentation to support long-term use of this medication as required by MTUS. Therefore this request is not medically necessary.

1 refill of 180 Oxycontin 5 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain ,opiods Page(s): 60,61,88,89,76-78.

Decision rationale: The patient presents with chronic severe lower back pain extending down the left lower extremity with numbness and weakness. The treater requests for Oxycontin 5 mg. The reports provided show that the patient has been using this medication since before 11/14/13. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports provided do not discuss this medication. The reports show assessment of the patient's pain at each visit, however, not with the use of pain scales with the exception of 11/14/13 when pain was described as 6-10/10. On 10/18/13 the treater states opiate medications have escalated with decreased functions. On 02/04/14 it is stated the patient has minimal ability to function due to pain and that preparations are being made to wean the patient from opioids. Problems with sleep are mentioned. However, no specific ADL's are mentioned to show a significant change with use of this medication. On 06/04/14 the treater states authorization of a trial of intrathecal opioids has been requested. Opiate management issues are addressed. The reports shows counseling of the patient in the use and risks of opioids. Five urine toxicology reports are provide from 06/11/13 to 06/20/14 that show the presence of Oxycodone and Hydrocodone. There does not appear to be beneficial change to warrant the use of long-term opiates nor is there sufficient documentation to support long-term use of this medication as required by MTUS. Therefore this request is not medically necessary.

1 refill of 180 Norco 10/325 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain,opiods Page(s): 60,61.88,89,76-78.

Decision rationale: The patient presents with chronic severe lower back pain extending down the left lower extremity with numbness and weakness. The treater requests for Norco 180 mg (Hydrocodone an opioid) 10/325 mg.. The reports provided show that the patient has been using this medication since at least 10/22/12. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports provided do not discuss this medication. The reports show assessment of the patient's pain at each visit, however, not with the use of pain scales with the exception of 11/14/13 when pain was described as 6-10/10. On 10/18/13 the treater states opiate medications have escalated with decreased functions. On 02/04/14 it is stated the patient has minimal ability to function due to pain and that preparations are being made to wean the patient from opioids. Problems with sleep are mentioned. However, no specific ADL's are mentioned to show a significant change with use of this medication. On 06/04/14 the treater states authorization of a trial of intrathecal opioids has been requested. Opiate management issues are addressed. The reports shows counseling of the patient in the use and risks of opioids. Five urine toxicology reports are provide from 06/11/13 to 06/20/14 that show the presence of Oxycodone and Hydrocodone. There does not appear to be beneficial change to warrant the use of long-term opiates nor is there sufficient documentation to support long-term use of this medication as required by MTUS. Therefore this request is not medically necessary.