

Case Number:	CM14-0166201		
Date Assigned:	10/10/2014	Date of Injury:	07/30/2002
Decision Date:	11/12/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/07/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 51-year-old female who reported an injury on 07/30/2002. The mechanism of injury was not provided. On 03/19/2014, the injured worker presented with complaints of low back pain, and pain radiating to her bilateral lower extremities with weakness. Upon examination of the lumbar spine, there was also lumbar lordosis with a wide based gait with the use of a cane for ambulation. There was moderate decreased range of motion in all directions, and tenderness to palpation over the lumbar paraspinal muscles. There was diffuse lower extremity muscle weakness, and decreased sensation along the lateral calf, lateral aspect of the foot bilaterally. The diagnoses were postlaminectomy syndrome of the lumbar spine, low back pain, lumbar radiculopathy, and chronic pain syndrome. Medications included Xanax, Cymbalta, gabapentin, Percocet, fentanyl, oxycodone, and ibuprofen. The provider recommended fentanyl, oxycodone, and a urine drug screen. The provider's rationale was not provided. The Request for Authorization form was not included in medial documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL FILM 75MCG/HR Q72 HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC Page(s): 111 AND 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): page(s) 78..

Decision rationale: The request for fentanyl film 75mcg/hr every 72 hours is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, proper medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risks of aberrant drug abuse behavior, and side effects. The efficacy of the prior use of the medication was not provided. As such, Fentanyl Film 75mcg/Hr every 72 Hours is not medically necessary.

OXYCODONE 20MG TID PM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): page(s) 78..

Decision rationale: California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, proper medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risks of aberrant drug abuse behavior, and side effects. The efficacy of the prior use of the medication was not provided. As such, Oxycodone 20MG Three times per day evening is not medically necessary.

URINE DRUG SCREEN, DATE OF SERVICE 8/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test, Page(s): 43..

Decision rationale: The request for urine drug screen, date of service 8/14/2014 is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use of presence of illegal drugs. It may be used in conjunction with the therapeutic trial of opioids for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug test was performed. As such, Urine Drug Screen, Date of Service 8/14/2014 is not medically necessary.