MAXIMUS Federal Services

Case Number:	CM14-0172182		
Date Assigned:	10/23/2014	Date of Injury:	11/30/1993
Decision Date:	11/25/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/17/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 78 year old with an injury date on 11/30/93. Patient complains of low lumbar pain and cervical pain per 7/29/14 report. Patient reports that his pain control has been worse recently due to his pain medications wearing off before the next doses do per 7/29/14 report. Based on the 7/29/14 progress report provided by [redacted] the diagnoses are: 1. cervical degenerative disc disease2. lumbar degenerative disc disease3. right knee osteoarthritis4. history of leukemia and borderline diabetesExam on 7/29/14 showed "unchanged from last visit. Decreased range of motion in the C-spine and L-spine." Patient's treatment history includes medications, physical therapy, and meniscectomy of right knee from 9/14/12. [redacted] is requesting oxycodone 30mg #90, Nexium 20mg #30, and urine tox screen. The utilization review determination being challenged is dated 10/2/14. [redacted] is the requesting provider, and he provided treatment reports from 3/31/14 to 9/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: This patient presents with lower back pain and neck pain. The provider has asked for Oxycodone 30mg #90 on 7/29/14. Patient has been taking oxycodone since 5/27/14. For chronic opioids use, 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. In this case, the provider indicates a decrease in pain with current medications which include oxycodone, stating "medications give him significant pain reduction as well as increasing his activity including walking and activities of daily living" per 5/27/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living other than walking is discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Therefore, this request is not medically necessary.

Nexium 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with lower back pain and neck pain. The provider has asked for Nexium 20mg #30 on 7/29/14. Patient is currently taking Nexium but the included documentation does not indicate when patient's use of Nexium began. Regarding PPIs, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. Current list of medications do not include an NSAID. In this case, there is no documentation of any GI issues such as GERD, gastritis or PUD. The provider does not explain why this medication needs to be continued other than for presumed stomach upset. MTUS does not support prophylactic use of PPI without GI assessment. The patient currently has no documented stomach issues. Therefore, this request is not medically necessary.

Urine Tox 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, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing

Decision rationale: This patient presents with lower back pain and neck pain. The provider has asked for urine tox screen on 7/29/14. Review of the reports does not show any evidence of urine drug screens being done in the past. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. However, this applies to patients that are on opiates and UDS's are used to manage chronic opiate use. In this case, the concurrent request for oxycodone is not indicated, and the patient is not on any other opiates. As the concurrently requested oxycodone is not indicated, neither is the request for UDS testing indicated. Therefore, this request is not medically necessary.