

<b>Case Number:</b>	CM14-0123682		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/11/1985
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 57-year-old male, with a reported date of injury of 01/11/1985. The diagnoses include post laminectomy pain syndrome and chronic pain syndrome. Treatments to date have included urine drug screen, OxyContin, Methadone, Hydromorphone, Lidoderm patches, several back surgeries, and x-rays of the lumbar spine on 06/16/2014. The progress report dated 06/30/2014 indicates that the injured worker complained of back pain. The physical examination showed tenderness over the superior trapezius and levator scapulae on movement of the neck, tenderness over the iliolumbar and iliolumbar tenderness to palpation and flexion at the waist to knee and on extension. It was noted that the CURES report dated 06/26/2014 was consistent for medications and provider. The treating physician requested one current opioid misuse measure (COMM). On 07/21/2014, Utilization Review (UR) denied the request and noted that there was no evidence that the injured worker was at risk for opioid misuse, no evidence of misuse as measured in the drug screen, or of any of the behavior that would justify the need for additional screening tools.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Current Opioid Misuse Measure (COMM): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI): 2013 Nov. 105 p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Addiction Screening Page(s): 90.

**Decision rationale:** According to the guidelines, Opiate abusers had at least three of the five of the following positive variables: (a) An overwhelming focus on opiate issues (persisting beyond the 3rd treatment session); (b) a pattern of early refills (3 or more) or escalating drug use in the absence of acute changes; (c) Multiple phone calls are made to the office for more opiates, early refills, or problems filling a previous prescription; (d) There is a pattern of prescription problems (lost medications, spilled medications, stolen medications); & (e) There is evidence of supplemental sources of opiates (multiple providers, emergency rooms, or illegal sources). In this case, the claimant's prior CURE report was consistent with medications given. There was no indication of substance abuse. An opioid misuse measure is often initiated prior to initiating opioid therapy. In this case, the claimant had already been on opioids for a prolonged period. There was no indication for additional questionnaire/assessment to require and opioid misuse measure. The request for a COMM is not medically necessary.