

Case Number:	CM14-0206891		
Date Assigned:	12/18/2014	Date of Injury:	03/10/2001
Decision Date:	02/09/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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 Family Practice, and is licensed to practice in North Carolina. 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 claimant had a date of injury of 3/10/2001. Diagnosis is intervertebral disc disorder which is treated with MS Contin 60 mg tid, Norco 10-325 eight pills daily and Curagesic patch 50 mcg. Records document improvement in daily function with use of medication and an plan to attempt transition to Duragesic from MS Contin.. The requests are for Curgagesic patch 50 mcg #100 and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screening.

Decision rationale: CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. CA MTUS do not mandate an exact frequency of urine drug testing with general guidelines including use of drug screening with issues of abuse, addiction, or poor pain control. ODG recommends use of urine drug

screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, the most recent drug screen was 5/15/ 14 and was consistent with prescribed medications. There is no concern documented for aberrant behavior to suggest a need to test urine drug screening more frequently than annually. A urine drug screen is not indicated on the requested date of service.

Duragesic Patch 50mcg Qty 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111, 44, 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Duragesic, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does document objective response to pain and functional improvement with medication use. Urine drug screening and CURES surveillance has been performed. The prescribing provider clearly states that he is using Duragesic as part of a medication trial to assess any improved response to pain with its use. As such, the requested quantity of #100 far exceeds the number needed to assess response to this new dose of medication. Duragesic 50 mcg #100 is not medically indicated.