

Case Number:	CM14-0211035		
Date Assigned:	12/23/2014	Date of Injury:	12/08/2006
Decision Date:	02/27/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/16/2014

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly with an industrial injury of December 8, 2006. In a Utilization Review Report dated December 1, 2014, the claims administrator approved a request for Cymbalta, approved a request for Naprosyn, approved a follow up visit, denied a drug screen, and denied Percocet. The claims administrator noted that the applicant had a history of earlier lumbar discectomy and fusion surgery. The applicant had apparently originally had been injured falling a fall from the ladder. The claims administrator referenced progress note dated November 18, 2014, and an RFA form dated November 20, 2014, in its determination. The applicant's attorney subsequently appealed. On November 18, 2014, the attending provider noted that the applicant was using Cymbalta, Naprosyn, and Percocet. The attending provider posited that previous usage of Norco had not generated adequate analgesia. 2/10 pain was noted with medications versus 6/10 without medications. The attending provider then stated, however, that oral analgesics alone were insufficient and that the applicant needed to consider a spinal cord stimulator. The attending provider stated that the applicant's medications allowed him to perform activities of daily living, but did not elaborate further. The applicant had reportedly "retired" it was acknowledged, at age 52.

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 Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, notes that an attending provider should clearly state which drug tests and/or drug panels he intends to test for, attaching the applicant's complete medication list to the request for authorization for testing, classify applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and attempt to conform to the best practices of the [REDACTED] [REDACTED] when performing drug testing. Here, the attending provider did not state when the applicant was last tested. The attending provider did not state whether the applicant was a higher or lower risk individual for which more or less frequent testing would be indicated. The attending provider did not signal his attention to eschew conformity and/or quantitative testing. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Percocet 10/325 mg #120, two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. The applicant is reportedly "retired" at age 52, the treating provider has acknowledged. While the applicant did report some reduction in pain scores from 6/10 to 2/10 with medication usage, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function achieved as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.

