

Case Number:	CM14-0211528		
Date Assigned:	12/24/2014	Date of Injury:	07/01/2011
Decision Date:	02/20/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: 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:

This is a 38-year-old male with a 7/01/11 date of injury. The patient underwent left rotator cuff and biceps tendon repair on 08/2012. A peer-to-peer phone conversation with the requesting provider dated 11/24/14 indicated that the patient had a chronic pain syndrome and was weaning off of Oxycodone and was taking 120 tablets per month. The requesting provider had recommended further weaning down to 90 tablets per month and stated that there was appropriate monitoring. The physician also requested a blood draw rather than a urine drug screen and that request was certified. The patient was seen on 12/11/14 with complaints of moderate, stabbing neck and upper back pain. Exam findings of the cervical spine revealed: flexion 40 degrees, extension 20 degree, left and right lateral flexion 15 degrees, and left and right rotation 50 degrees. The neck movements were accompanied with pain. The progress note stated that the patient's Oxycodone regimen changed from 4 tablets a day to 3 tablets a day and that the patient agreed with that. The patient was certified to see an orthopedic surgeon. The diagnosis is shoulder impingement, degeneration of cervical disc, and prolonged depress of reaction. Treatment to date: left rotator cuff and biceps tendon repair, stellate blocks, work restrictions, and medications. An adverse determination was received on 12/01/14. The request for Blood draw toxicology test x 2 was modified to x1 given that there was no rationale indicating the necessity for a second toxicology test. The request for Oxycodone 10mg #120 was modified to #90 given that the patient was in the process of weaning off of Oxycodone and that the requesting physician agreed upon with this quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood draw toxicology test x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Clinical guidelines for the use of Buprenorphine in the treatment of Opioid Addiction

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Urine testing in ongoing opiate management Page(s): 43; 78. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/books/NBK64246/>, Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction. Toxicology Testing for Drugs of Abuse.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In addition, the Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction state that during opioid addiction treatment with buprenorphine, toxicology tests for all relevant illicit drugs should be administered at least monthly. Urine screening is the most common testing method, although testing can be performed on a number of other bodily fluids and tissues--including blood, saliva, sweat, and hair. However, the UR decision dated 12/01/14 certified the request for blood draw toxicology test x 1 and there is a lack of documentation indicating that the patient underwent the test and needed additional blood draw toxicology test. Therefore, the request for Blood draw toxicology test x 2 is not medically necessary.

Oxycodone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, a peer-to-peer phone conversation with the requesting provider dated 11/24/14 indicated that the patient was weaning off of Oxycodone and was taking 120 tablets per month and the requesting provider had recommended further weaning down to 90 tablets per month. In addition, the progress note dated 12/11/14 stated that the patient's Oxycodone regimen changed

from 4 tablets a day to 3 tablets a day and that the patient agreed with that. Therefore, the request for Oxycodone 10mg #120 is not medically necessary.