

<b>Case Number:</b>	CM14-0215139		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	06/02/2000
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: 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:

This is a 56 year old male with a work injury dating 06/02/2000. The mechanism of injury is not documented. The earliest available record for review is dated 03/21/2014 and documents the chief complaint as lumbar pain with radicular pain to right lower extremity. The injured worker (IW) was receiving pain medication and had a home exercise program. On 04/11/2014 the injured worker presented early for his visit due to intractable pain on lower back which radiated to right lower extremity. The pain interfered with sleep, activities of daily living, emotions and function. The IW was using Lidocaine patches. He was started on Zipsor, Lyrica and Percocet. On 05/16/2014 the IW states he was able to sleep for the first time without pain. He continued to report low back pain with radiculopathy but noted it was tolerable with current medication regimen. The IW was to continue on current medications. Follow up visit noted the IW reported marked improvement from last transforaminal epidural injection but still had significant pain in similar pattern and pain had "come back in full fledge." He received another transforaminal epidural injection on 08/27/2014. Follow up visit on 09/19/2014 notes significant relief following recent injection at least by 50%. The IW was no longer experiencing radicular symptoms down the right leg but continued to report right sided low back pain with activities which had also improved. He was stable on his current medication regimen which allowed functional relief. Physical exam revealed straight leg raising positive on right side at 50 degrees with moderate to severe tenderness over lumbar area. Extension of lumbar spine produced pain on lower back. Range of motion was limited. Lying straight leg raise, sitting straight leg raise, reverse straight leg raise, Patrick's Maneuver and Fabere Test were all positive. Diagnosis

included hypertensive heart disease, lumbar radiculopathy, facet arthropathy - lumbar right lumbar 5-sacral 1 and sacroiliac joint dysfunction. The IW was counseled on medication management at each visit. The provider requested Percocet 10-325 mg tabs one twice daily # 60 and urine drug screen. On 11/20/2014 utilization review issued a decision stating the updated records indicated a prior urine drug screen, an updated and signed pain contract between the provider and claimant and ongoing efficacy with medication use. However the provided records lack clear documentation of recent urine drug test, risk assessment profile, attempt at weaning/tapering and an updated and signed pain contract between the provider and claimant and ongoing efficacy with medication use. Certification for 1 month supply (of Percocet 10-325 mg) is provided to allow opportunity for submission of medication compliance guidelines including documentation of remaining items required for compliance including risk assessment profile, and attempt at weaning/tapering. The urine drug screen was non certified stating standard testing for patients considered at low risk for adverse events or drug misuse generally require random testing at no more than twice a year. The provided records lack clear evidence of risk assessment profile indicating a higher risk that would warrant more frequent testing. Guidelines cited were MTUS - Definitions, MTUS - Opioids; California Controlled Substance Utilization Review and Evaluation System (CURES) (DWC). The request was appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet 10/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the 4 A's for Ongoing Monitoring. These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (pages 76-78). Finally, the guidelines

indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the 4 A's for ongoing monitoring. The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Therefore, this request is not medically necessary.

**Urine toxicology:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Steps to Avoid Misuse/Addiction Page(s): 94-95..

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of drug testing. These guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In addition, the guidelines comment on the steps used to avoid misuse/addiction of opioids. These steps include the use of frequent random urine toxicology screens. Based on the information in the available medical records there is no evidence to suggest that the patient has engaged in any suspicious or aberrant behaviors to indicate that he is at high-risk for addiction. There is no documentation of aberrant behaviors or the presence of the red flags cited in the above guidelines that suggest the need for urine toxicology screening. In summary, there is no evidence in the medical records to support the rationale for ordering a urine drug screen. Therefore, this request is not medically necessary.