

Case Number:	CM14-0218600		
Date Assigned:	01/08/2015	Date of Injury:	09/23/2003
Decision Date:	03/10/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/30/2014

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: Physical Medicine & Rehabilitation

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 54 year old male injured worker suffered and industrial injury on 9/23/2003. The injured worker was currently being followed by medical providers due to back pain with radiation to the lower extremities. On the 11/24 visit the provider noted the injured worker reported of moderate, fluctuating low back pain radiating to the thighs, calves and feet. The pain levels were described as 5 to 7/10. The injured worker reported he cannot do activities of daily living without medications. The exam revealed decrease in range of motions to the cervical and lumbar spine with an impaired gait and increase in pain with motion. A urine drug screen was performed on 11/24/2014 and there was a retrospective request for a Buccal drug screen. Also requested was a prospective request for Duragesic 12mcg/hour #30. The UR decision on 12/10/2014 denied the retrospective request for a Buccal drug screen because there was a urine drug test performed on that same day. The MTUS guidelines recommend urine drug testing above other testing. The Duragesic was denied as the injured worker had been on a taper from 25mcg/hr to 12mcg/hr and it was expected the weaning would have been completed by that at date. The continued use showed no evidence of functional benefit along with the pain levels remained unchanged with the medication by the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buccal 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 opiate management Page(s): 76-77. Decision based on Non-MTUS Citation Low back chapter, Urine drug testing

Decision rationale: This patient presents with low back and neck pain that radiates into the extremities. The current request is for a BUCCAL DRUG SCREEN. The MTUS Guidelines page 76, under opiate management: j. "consider use of urine drug screen to assess for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risks of opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening with the first 6 months of management of chronic opiate use in low-risk patients. There is no discussion regarding this patient being at risk for any aberrant behaviors. Given the patient's opiate prescription, a once yearly random UDS would be appropriate. In this case, the patient had a urine toxicology screening on 5/23/14 and a request for another test was made on 11/24/14. ODG states that once yearly screening is suffice in low risk patients. In addition, the treating physician has not provided a discussion on the medical necessity of a salvia drug test versus a standard urine drug screen. This request IS NOT medically necessary.

Duragesic 12mcg/hr #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: This patient presents with low back and neck pain that radiates into the extremities. The current request is for a DURAGESIC 12MGC/HR #30. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. This patient has been utilizing Duragesic patches as early as 2/14/14. Progress reports document significant decrease in pain from 9/10 to 5/10 with medications. The patient reported an increase in quality of life and noted he is able to work and volunteer and participate in social activities with medications. Without medications he is unable to get dressed in the morning or perform activities at home. Cures report was addressed on 8/20/14 and last UDS was performed on 5/23/14. There were no side effects noted with utilizing duragesic patches. In this case, given the patient's continued pain and the treating

physician's documentation of the 4A's as required by MTUS for opiate management, the requested refill of the Duragesic 12mcg/hr IS medically necessary.