

Case Number:	CM14-0218855		
Date Assigned:	01/08/2015	Date of Injury:	09/19/1999
Decision Date:	03/12/2015	UR Denial Date:	12/09/2014
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 injured worker is a 56 year old male who sustained an industrial accident on 09/19/1999. The injured worker has diagnoses of status post anterior cervical discectomy and fusion, status post left shoulder rotator cuff repair, herniated nucleus pulposus of the lumbar spine, sprain/strain of the right hip and left ankle. Treatment to date has been medications and a home exercise program. The treating provider is requesting Oxycodone 30mg # 60, and a Urine Drug Screen. The Oxycodone is requested for pain and the Urine Drug Screen is to assess medication compliance. The injured worker complains of persistent flare-ups of pain about his right hip region and he also complains of lower back pain with pain and numbness/tingling radiating into his bilateral lower extremities. He also complains of neck pain. On 12/09/2014 the Utilization Review modified the request for Oxycodone 30mg, # 60 to Oxycodone 30mg, # 45 to initiate a weaning process or to allow the provider time to document derived functional benefit if any. Cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. Utilization Review dated 12/09/2014 non-certified the request for Urine Drug Screen citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

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 sharp pain along the back of the neck extending to the right shoulder blade and into the hand. The pain radiates down the arm with associated with numbness and tingling of the ulnar 3 fingers of both hands. The current request is for oxycodone 30 mg #60. For chronic opiates, the MTUS Guidelines page 88 and 89 states, "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 4As which include 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. Review of AME report dated 08/19/2014 indicates that the patient has been utilizing oxycodone as early as 2013. Progress report dated 07/16/2014, 08/14/2014, and 09/15/2014 provide a current pain level which is noted to be between 5-7/10. Progress report dated 11/18/2014 notes that the patient is taking 6 to 8 oxycodone pills on bad days. On "not so bad days," he is taking 3 to 4 oxycodone. The patient reports no side effects from his medications. In this case, recommendation for further use cannot be made as the treating physician has not provided any specific functional improvement, change in ADLs or change in work status to show significant functional improvement. On 11/18/2014, a request was made for UDS but there was no prior screening or discussion of possible aberrant behaviors. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Oxycodone IS NOT medically necessary and recommendation is for slow weaning per MTUS Guidelines.

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 76-77. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: This patient presents with sharp pain along the back of the neck extending to the right shoulder blade and into the hand. The pain radiates down the arm with associated with numbness and tingling of the ulnar 3 fingers of both hands. The current request is for a urine drug screen. The utilization review denied the request stating that there is no documentation of concerns over patient use of illicit drugs or noncompliance with prescription medications. The MTUS Guidelines page 76, under opiate management: j. "Consider use of urine drug screen test is for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides

clear recommendation on how frequent urine drug screens should be obtained for various risks of opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening for 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 aberrant behaviors. Given the patient's opiate management, a random urine drug screen would be appropriate. Progress reports from 07/16/2014 through 12/30/2014 were reviewed and provide no documentation of any recent urine drug screening. Given the patient's medication regimen which includes oxycodone, a random urine drug test to monitor for compliance is supported by MTUS and ODG Guidelines. The requested urine drug screen IS medically necessary.