

Case Number:	CM15-0012435		
Date Assigned:	01/27/2015	Date of Injury:	08/18/2006
Decision Date:	03/26/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/21/2015

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 49 year old male, who sustained an industrial injury on August 18, 2006. He has reported low back pain. The diagnoses have included status post hardware removal of lumbar spine, status post lumbar spine arthrodesis, dorsal column implant placement, anxiety, depression, and insomnia. Treatment to date has included lumbar spine surgery, medications, morphine pump implantation, dorsal column implantation, and radiological imaging. Currently, the IW complains of worsening low back and bilateral leg pain. On September 30, 2014, the records indicate he is to be switched to Dilaudid from morphine in the implanted pump. Physical findings are lumbar flexion 40 degrees, extension 10 degrees, bilateral lateral bending 20 degrees, a positive straight leg raise test, muscle spasm and tenderness of the lumbar region. He underwent a functional capacity evaluation which recommended work restrictions. A urine drug screen was done on October 22, 2014, and was positive for Oxycodone. The records note he is having difficulty with his daily activities. A peer review in May 2014 recommended weaning the Oxycontin. On December 24, 2014, Utilization Review non-certified urinalysis to monitor intake medications, and Oxycontin 40 mg, #60, and home health care assistant, and transportation to and from appointments to continue increasing dosage of Dilaudid, based on MTUS, and ACOEM guidelines. On January 15, 2015, the injured worker submitted an application for IMR for review of urinalysis to monitor intake medications, and Oxycontin 40 mg, #60, and home health care assistant, and transportation to and from appointments to continue increasing dosage of Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis to monitor intake medications: Upheld

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

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

Decision rationale: This patient is status post hardware removal of the lumbar spine in 2009 and continues with low back and leg pain. The current request is for URINALYSIS TO MONITOR INTAKE MEDICATIONS. The MTUS Guidelines page 76, under opiate management: j. "consider the use of urine drug 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 screen should be obtained for various risk 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. The patient recently had a urine drug screen on 8/19/14 and 10/22/14. The medical reports provided for review do not discuss this patient being at risk for aberrant behaviors. ODG guidelines states that once yearly random screening are sufficient for low risk patients. This request IS NOT medically necessary.

Oxycontin 40mg #60: Upheld

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

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 is status post hardware removal of the lumbar spine in 2009 and continues with low back and leg pain. The current request is for OXYCONTIN 40MG #60. 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 4As (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 Oxycontin as early as 8/19/14. In this case, recommendation for further use of Percocet cannot be supported as there are no discussions regarding specific functional improvement, changes in ADL's or change in work status to document significant functional improvement. There are no before and after pain scales to denote a decrease in pain with taking medications. Multiple urine drug screens have been performed with no discussion regarding aberrant behaviors. The treating physician has failed to document the minimal requirements of documentation that are outlined in

MTUS for continued opiate use. The requested Oxycontin IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Home Health Care Assistant: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 206;91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: This patient is status post hardware removal of the lumbar spine in 2009 and continues with low back and leg pain. The current request is for HOME HEALTH CARE ASSISTANCE. The MTUS Guidelines page 51 has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home-bound or a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include home maker services like shopping, cleaning, and laundry and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." The treating physician does not specify any rationale for home assistance, such as danger to self, or others, inability to transfer, etc. The patient is status post lumbar surgery from 2009, but there is no discussion regarding the patient's inability to perform self-care and ADL's. Furthermore, the request does not specify the recommended duration of assistance and MTUS states "no more than 35 hours per week." This request IS NOT medically necessary.

Transportation to and from appointments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Transportation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg chapter for Transportation to & from appointments AETNA guidelines on transportation: (www.aetna.com)

Decision rationale: This patient is status post hardware removal of the lumbar spine in 2009 and continues with low back and leg pain. The current request is for TRANSPORTATION TO AND FROM APPOINTMENTS. ODG-TWC guidelines, under the Knee & Leg chapter for Transportation (to & from appointments), recommend transportation "for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice." AETNA has the following guidelines on transportation, "The cost of transportation primarily for, and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or

companion." ODG and AETNA Guidelines do support transportation services if it is essential to medical care. Evidence of medical necessity that specifically identifies the medical condition needs to be provided. The treating physician has provided no discussion as to why the patient requires such assistance. In fact, progress report dated 11/20/14 states that the patient is doing yoga and some light housework. In this case, examination and the diagnoses do not show deficits that compromise the patient's ability to drive or take public transportation. There is no discussion regarding social situation either. This request IS NOT medically necessary.