

Case Number:	CM15-0013457		
Date Assigned:	02/02/2015	Date of Injury:	01/28/1999
Decision Date:	03/24/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/23/2015

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: Texas, New York, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 20, 1999. In a Utilization Review Report dated January 16, 2015, the claims administrator denied a request for laboratory testing, approved a DEXA bone scan, and partially approved a request for Opana. The claims administrator referenced a December 30, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a January 26, 2015 progress note, the applicant reported ongoing complaints of low back pain. The applicant had been receiving hormone replacement therapy to ameliorate issues with low testosterone, it was acknowledged. A primary complaint of low back pain was evident. The attending provider suggested that the applicant was 'crippled' owing to pain and associated debility. Highly variable 6-9/10 pain was noted. The applicant had various comorbidities, including diabetes, reflux, depression, and hypogonadism, it was acknowledged. The applicant's medication list included OxyContin, Norco, Keflex, Opana extended release, insulin, testosterone, Prevacid, Advair, tramadol, Januvia, Zestril, Trilipix, and Crestor, it was further noted. Norco and Opana were renewed on this occasion. The applicant was placed off of work, on total temporary disability. On December 30, 2014, the applicant reported ongoing complaints of low back pain, moderate to severe. An average pain score of 8/10 was appreciated. Multiple medications were renewed. The attending provider went on to order various laboratory tests, including quantitative serum opioid levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription Of Opana 40mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

Decision rationale: No, the request for Opana extended release was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, it was acknowledged on progress notes of December 2014 and January 2015, referenced above. On those dates, the attending provider reported average pain scores in the 8/10 range. The attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing Opana extended release usage. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider employ the lowest possible dose of opioid needed to improve pain and function. Here, the attending provider did not furnish a clear or compelling rationale for concurrent usage of two separate long-acting opioids, Opana extended release and OxyContin, both of which the applicant was described as using on a January 29, 2015 progress note. Therefore, the request was not medically necessary.

1 Labs To Include CBC (Including Diff/Plt), Tramadol Confirm By Gcms Sr, Acetaminophen, Eia9 W/ Alcohol + Rflx Urine, Oxymorphone-Free (Unconjugated), Oxycodone & Metabolite Serum, Urinalysis Complete, And Chem 19: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to Avoid Misuse/Addicton.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 311. Decision based on Non-MTUS Citation ACOEM V.3 > Opioids Guideline (2014) > Diagnostics and Monitoring Drug testing most commonly measures drugs, or their metabolites, in urine or hair.

Decision rationale: Similarly, the request for laboratory testing to include a CBC, serum tramadol confirmation, serum acetaminophen, urine alcohol, oxycodone serum metabolite, oxymorphone serum level, and Chem-19 was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Algorithm 12-1, page 311 does acknowledge that a urinalysis, CBC, and ESR can be obtained in applicants in whom there are red flags of cancer and/or infection present, in this case, however, there was no mention of the applicant's having issues with cancer and/or infection on or around the date the complete urinalysis at issue was ordered. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not address the topic of quantitative, serum opioid testing. The Third Edition

ACOEM Guidelines note, however, that urine is the drug specimen which is most commonly assayed. While ACOEM does establish a limited role for usage of hair drug testing, ACOEM does not set forth a basis for pursuits of nonstandard serum opioid testing. The attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM positions on the article at issue. Since the complete urinalysis and serum oxycodone/serum oxymorphone components of the request cannot be supported, the request was not medically necessary.