

Case Number:	CM15-0015724		
Date Assigned:	02/06/2015	Date of Injury:	05/15/2009
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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: Internal 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 injured worker is a 47 year old who sustained an industrial injury on 05/15/2009. Diagnoses include severe intractable migraine headaches, low back and lower extremity pain, history of L5-L6 disc herniation status post right hemilaminectomy in 09/20011, and anterior posterior fusion on 06/11/2012, mild bilateral degenerative L4-L5 stenosis with small disc protrusions and annular tear at L1-L2 and L3-L3 and moderate bilateral facet arthropathy at L6-S1 per Magnetic Resonance Imaging performed on J28/2014, residual radiculopathy right lower extremity with neuropathic pain, lumbar spondylosis with facet hypertrophy, and headaches, multifactorial. Treatment to date has included medications, transforaminal epidural steroid injections, and surgery. A physician progress note dated 01/02/2015 documents the injured worker has had migraine headaches that have been unrelenting. He is experiencing photophobia, as well as accompanied with aura, nausea and vomiting. He is also complaining of low back pain and significant anxiety due to pain. He rates his pain as 6 out of 10 with the use of medications, and 9-10 out of 10 without medications. He reports up to a 40% improvement of pain and function with use of medication. Treatment requested is for 4 Random Urine Drug Screens, Clonazepam 0.5mg #60, and Percocet 10/325mg #150. On 01/12/2015 Utilization Review modified the request for 4 Random Urine Drug Screens to 2 Random Urine Drug Screens, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 01/12/2015 Utilization Review modified the request for Clonazepam 0.5mg #60 to Clonazepam 0.5mg #48, and cited was Official Disability Guidelines. On 01/12/2015 Utilization Review modified the request for Percocet 10/325mg #150 to Percocet 10/325mg

#120, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Random Urine Drug Screens: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreeme.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The pain medicine progress report dated 1/2/15 documented a request for urine drug screening once each quarter 4 times a year. Because the future condition of the patient and medication regimen are unknowns, a request for quarterly urine drug screening indefinitely is not supported. Because the future condition of the patient and medication regimen are unknowns, a request for four future urine drug tests is not supported. Therefore, the request for urine drug screens is not medically necessary.

Clonazepam 0.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Benzodiazepines, Clonazepam (Klonopin)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. ODG guidelines state that Clonazepam (Klonopin) is not recommended. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. ODG guidelines indicate that Klonopin (Clonazepam) is not recommended. Medical records document the long-term use of Clonazepam. Per MTUS, long-term use of benzodiazepines is not recommended. ODG

guidelines indicate that Clonazepam (Klonopin) is not recommended. MTUS and ODG guidelines do not support the use of Clonazepam. Therefore, the request for Clonazepam is not medically necessary.

Percocet 10/325mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Oxycodone/Acetaminophen (Percocet) Page 92.. Decision based on Non-MTUS Citation FDA Prescribing Information Percocet <http://www.drugs.com/pro/percocet.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Percocet should be administered every 4 to 6 hours as needed for pain. For more severe pain the dose (based on Oxycodone) is 10-30mg every 4 to 6 hours prn pain. FDA guidelines document that Percocet is indicated for the relief of moderate to moderately severe pain. The pain medicine progress report dated 1/2/15 documented a history of severe intractable migraine headaches, low back and lower extremity pain, and L5-L6 disc herniation status post right hemilaminectomy on September 21, 2011 and anterior posterior fusion on June 11, 2012. The patient has a history of mild bilateral degenerative L4-L5 stenosis with small disc protrusions and annular tear at L1 -L2 and L2-L3 and moderate bilateral facet arthropathy at L6-S1 per MRI performed on July 28, 2014. The patient has residual radiculopathy right lower extremity with neuropathic pain, lumbar spondylosis with facet hypertrophy, and headaches multifactorial industrial. Medical records document objective evidence of pathology. Medical records document objective physical examination findings. Medical records document objective evidence of pathology on MRI magnetic resonance imaging. Medical records document regular physician clinical evaluations and monitoring. Analgesia was documented. Activities of daily living were addressed. No adverse side effects were reported. Evaluation for aberrant behavior was documented. Per MTUS, Percocet is indicated for pain. Per FDA, Percocet is indicated for the relief of moderate to moderately severe pain. The medical records provide support for the use of Percocet. The request for Percocet 10/325 mg is supported by the medical records and MTUS and FDA guidelines. Therefore, the request for Percocet 10/325 mg is medically necessary.