

Case Number:	CM15-0110755		
Date Assigned:	06/19/2015	Date of Injury:	04/14/2000
Decision Date:	07/22/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/09/2015

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 59-year-old who has filed a claim for chronic low back and foot pain reportedly associated with an industrial injury of April 14, 2000. In a Utilization Review report dated June 1, 2015, the claims administrator failed to approve requests for fentanyl (Duragesic) and a urine drug screen apparently performed on or around May 12, 2015. The applicant's attorney subsequently appealed. In a RFA form dated May 20, 2015, retrospective authorization was sought for the urine drug screen and Duragesic. On a May 12, 2015 progress note, the applicant reported ongoing complaints of low back pain. The attending provider posited that the applicant's usage of Duragesic was allowing her to perform personal activities of daily living at home. This was, however, neither elaborated nor expounded upon. The applicant's work status was not detailed. Duragesic was endorsed. The applicant was described as a higher-risk individual owing to psychiatric comorbidities, including anxiety. In a May 19, 2014 progress note, the applicant was described as having undergone earlier failed lumbar spine surgery. The applicant was on Ambien, Duragesic, methadone, Phenergan, and Skelaxin, it was reported. The applicant was asked to cease smoking. The applicant was off of work and had been deemed "disabled," the treating provider reported. Drug testing performed on February 17, 2015 did include nonstandard drug testing which included confirmatory testing on approximately 10 different benzodiazepine metabolites and approximately 20 different opioid metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patches 12.5MCG #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for fentanyl (Duragesic), a long-acting opioid, 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 off of work and had been deemed disabled, it was suggested on a historical progress note of May 19, 2014. The applicant was described as having received both Workers Compensation indemnity benefits and disability insurance benefits. While the attending provider subsequently reported on May 12, 2015 that the applicant's medication consumption was proving beneficial, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) as a result of ongoing Duragesic (fentanyl) usage. Therefore, the request was not medically necessary.

Retro urine drug screen done 5/12/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for a urine drug screen performed on May 12, 2015 was likewise not medically necessary, medically appropriate, or indicated here. 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 establish specific parameters for or identify a frequency with which to perform drug testing. ODGs Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, and clearly identify which drug tests and/or drug panels he is testing for and why. Here, however, the attending provider did seemingly perform confirmatory and/or quantitative testing, despite the unfavorable ODG position on the same. Nonstandard drug testing to include testing for multiple different opioids and benzodiazepines was performed, again despite the unfavorable ODG position on the same. Since multiple criteria for pursuit of drug testing were not met, the request was not medically necessary.

