

Case Number:	CM15-0111833		
Date Assigned:	06/18/2015	Date of Injury:	12/17/1994
Decision Date:	07/16/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/10/2015

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 59-year-old female, who sustained an industrial injury on 12/17/94. She has reported initial complaints of back injury after lifting at work. The diagnoses have included lumbago, lumbosacral neuritis, and pain in the thoracic spine, chronic pain, and lumbosacral spondylosis, joint pain of pelvis, osteoarthritis, arthropathy, sacroiliitis and cervicalgia. Treatment to date has included medications, activity modifications, diagnostics, home exercise program (HEP), surgery, and physical therapy and radiofrequency treatments. Currently, as per the physician progress note dated 2/24/15, the injured worker complains of persistent low back pain and bilateral hip pain that radiates to the bilateral lower extremities. It is associated with spasms and constant achy pain with difficulty sleeping due to pain. The current medications are helping her pain and she is able to stay working and stay functional. The objective findings reveal that she has anxiety, there is tenderness noted in the lumbar facet joints and right posterior iliac spine, strength is 4+/5 in the bilateral lower extremities and there is limited mobility noted on flexion and extension of the lumbar spine. The current medications included OxyContin, Norco and Carisoprodol. Work status is full duty until 4/30/15. There is no previous urine drug screen reports noted in the records, there is no previous diagnostic reports and there is no previous therapy sessions noted. The physician requested treatments included OxyContin 40mg #60 and 2-3 random urine drug screens per year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 1994 without acute flare, new injury, or progressive deterioration. The Oxycontin 40mg #60 is not medically necessary and appropriate.

2-3 random urine drug screens per year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which applies to this patient who has been prescribed long-term opioid this chronic injury of 1994. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications

may warrant UDS and place the patient in a higher risk level; however, none are provided. The 2-3 random urine drug screens per year is not medically necessary and appropriate.