MAXIMUS Federal Services

Case Number:	CM15-0112898		
Date Assigned:	06/19/2015	Date of Injury:	02/25/2008
Decision Date:	07/20/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/11/2015

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, Indiana, New York
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 41 year old male with an industrial injury dated 02/25/2008. Her diagnosis was lumbalgia. Prior treatment included trigger point injections, medications and diagnostics. He presents on 04/08/2015 for follow up evaluation of low back pain and lumbar complaints. He was experiencing back stiffness and radicular pain in right and left leg. Flexion and extensions worsened the pain. The pain is rated as 7 on a scale of 1-10. He also presented for follow up of evaluation of left leg pain and swelling. This pain is rated as 5 on a scale of 1-10.Physical exam revealed the injured worker was uncomfortable and had difficulty walking, sitting and standing. The injured worker moved in a "stiff" fashion. Muscle tone was normal. Lumbosacral exam revealed pain over the area. He was having spasms in the para lumbar spinal musculature and severely antalgic gait and tilt. The treating physician documents the injured worker has substantial benefit from the medications. The pain is nociceptive, neuropathic and inflammatory pain. The provider documents there are no evidence of drug abuse or diversion, no aberrant behavior, no side effects and no complications. Urine drug screen on 12/24/2014 (most recent) was within normal limits. Documentation states the injured worker is on the lowest effective dosing with about 90% improvement in pain. Attempts to wean the medications resulted in increased pain, suffering and decreased functional capacity. Treatment plan included Avinza, Colace, Cymbalta, Gabapentin, Inderal, Norco, Nortriptyline, Tizanidine and urine drug screen. The requested treatments included Avinza 45 mg # 60, Norco 10/325 mg # 180 and urine drug screen. Other requested treatments which were authorized were Colace 250 mg # 60,

Cymbalta 60 mg # 30 with 4 refills, Gabapentin 600 mg # 270 with 4 refills and Nortriptyline 25 mg # 90 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnosis is lumbalgia. The documentation shows the injured worker has been on opiates in excess of five years. According to a progress note dated October 12, 2009, the injured worker was taking tramadol, oxycodone, Norco and Flexeril. The injured worker had a urine drug toxicology screen on December 24, 2014. Urine drug screen was consistent with medications being taken. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There were no risk assessments in the medical record. Consequently, absent clinical documentation with aberrant drug-related behavior, drug misuse or abuse and high risk for drug misuse or abuse, inconsistent UDS performed December 2014 and no clinical rationale to repeat a urine drug screen, urine drug testing is not medically necessary.

Avinza 45mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Avinza 45mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is lumbalgia. The documentation shows the injured worker has been on opiates in excess of five years. According to a progress note dated October 12, 2009, the injured worker was taking tramadol, oxycodone, Norco and Flexeril. Avinza (Morphine sulfate) was started July 18, 2011. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation demonstrating objective functional improvement. There has been no attempt at weaning Avinza. Consequently, absent clinical documentation demonstrating objective functional improvement after five years of ongoing Avinza, risk assessments, detailed pain assessments and attempted weaning, Avinza 45mg #60 is not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is lumbalgia. The documentation shows the injured worker has been on opiates in excess of five years. Avinza (morphine sulfate) was started July 18, 2011. According to a progress note dated October 12, 2009, the injured worker was taking tramadol, oxycodone, Norco and Flexeril. The specific start date for Norco is unspecified in the medical record. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation demonstrating objective functional improvement. There has been no attempt at weaning Norco 10/325 mg. Consequently, absent clinical documentation demonstrating objective functional improvement after 6 years of ongoing Norco, risk assessments, detailed pain assessments and attempted weaning, Norco 10/325mg # 180 is not medically necessary.