

Case Number:	CM15-0119230		
Date Assigned:	06/29/2015	Date of Injury:	09/19/1988
Decision Date:	08/24/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/19/2015

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:

This 55 year old male sustained an industrial injury on 9/19/88. He subsequently reported low back pain. Diagnoses include failed back surgery syndrome, lumbar spine radiculopathy anxiety and depression. Treatments to date include MRI and x-ray testing, surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, there was decreased lumbosacral spine range of motion with pain. Positive tenderness in the lumbar spine was noted. Positive straight leg raise testing was reported. A request for urine drug screen, Pain psychology evaluation to include treatment, Oxycontin and Methadone was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic): Urine Drug Testing (UDT) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing.

Decision rationale: Based on the 05/14/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10 with and 10/10 without medications that radiates down right leg, with anxiety and depression. The patient is status post lumbar spine surgery, unspecified date. The request is for URINE DRUG SCREEN, QUANTITY: 1. RFA with the request not provided. Patient's diagnosis on 06/19/15 includes failed back surgery syndrome, lumbar spine radiculopathy, and anxiety/depression. Physical examination to the lumbar spine on 05/14/15 revealed decreased range of motion, especially on extension 10 degrees, positive straight leg raise test on the right. Treatments to date include surgery, imaging studies, physical therapy, home exercise program and medications. Patient's medications include Oxycontin, Methadone and Valium. Patient's work status is not available. Treatment reports were provided from 09/15/14 - 06/19/15. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: "Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." Per 06/19/15 report, treater states "Oral pain medication including Oxycontin 20mg and Methadone provide the patient approximately 50% to 60% relief of his axial pain. It also provides him approximately 50% relief and improvement in overall functionality with the basic activities of daily living including sitting, standing and walking. Without these medications including Oxycontin and Methadone, the patient's quality of life would be very limited..." Per 05/14 report, treater states the patient "has undergone random urine drug screening which revealed he is taking medication as directed." No toxicology results were provided for review. Given the patient is still undergoing opioid therapy the request would appear to be indicated. MTUS does not specifically discuss the frequency that urine drug screens should be performed. However, ODG is more specific on the topic and recommends urine drug screens on a yearly basis if the patient is at low risk. In this case, treater has not provided patient's risk assessment, and a repeat UDS would not be indicated by guidelines. Therefore, the request IS NOT medically necessary.

Pain psychology evaluation to include treatment: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Psychological treatment and Other Medical

Treatment Guidelines ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: Based on the 05/14/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10 with and 10/10 without medications that radiates down right leg, with anxiety and depression. The patient is status post lumbar spine surgery, unspecified date. The request is for PAIN PSYCHOLOGY EVALUATION TO INCLUDE TREATMENT. RFA with the request not provided. Patient's diagnosis on 06/19/15 includes failed back surgery syndrome, lumbar spine radiculopathy, and anxiety/depression. Physical examination to the lumbar spine on 05/14/15 revealed decreased range of motion, especially on extension 10 degrees, positive straight leg raise test on the right. Treatments to date include surgery, imaging studies, physical therapy, home exercise program and medications. Patient's medications include Oxycontin, Methadone and Valium. Patient's work status is not available. Treatment reports were provided from 09/15/14 - 06/19/15. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. MTUS page 100-101 for psychological evaluations states these are recommended for chronic pain problems. ODG-TWC, Chronic chapter, under Psychological treatment, states the following: "ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Treater has not provided reason for the request. ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist. Given the patient's diagnosis of anxiety and depression, the request for psychological evaluation appears reasonable. However, the request as stated includes treatment, without indicating number of sessions. Guidelines require a clear rationale for follow up visits, and do not support open-ended requests. Therefore, the request IS medically necessary.

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (Oxycodone), Opioids, and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80-81.

Decision rationale: Based on the 05/14/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10 with and 10/10 without medications that radiates down right leg, with anxiety and depression. The patient is status post lumbar spine surgery, unspecified date. The request is for OXYCONTIN 20MG #60. RFA with the request not provided. Patient's diagnosis on 06/19/15 includes failed back surgery syndrome, lumbar spine Radiculopathy, and anxiety/depression. Physical examination to the lumbar spine on 05/14/15 revealed decreased range of motion, especially on extension 10 degrees, positive straight leg

raise test on the right. Treatments to date include surgery, imaging studies, physical therapy, home exercise program and medications. Patient's medications include Oxycontin, Methadone and Valium. Patient's work status is not available. Treatment reports were provided from 09/15/14 - 06/19/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant Radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Oxycontin has been included in patient's medications, per progress reports dated 05/14/15 and 06/19/15. It is not known when Oxycontin was initiated. Per 06/19/15 report, treater states "Oral pain medication including Oxycontin 20mg and Methadone provide the patient approximately 50% to 60% relief of his axial pain. It also provides him approximately 50% relief and improvement in overall functionality with the basic activities of daily living including sitting, standing and walking... Without these medications including Oxycontin and Methadone, the patient's quality of life would be very limited..." In this case, treater has addressed analgesia and provided some examples of ADL's. Per 05/14/15 report, treater states the patient "has undergone random urine drug screening which revealed he is taking medication as directed." However, there are no specific discussions regarding aberrant behavior, adverse reactions, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and Radiculopathy. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Methadone 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids, and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80-81.

Decision rationale: Based on the 05/14/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10 with and 10/10 without medications that radiates down right leg, with anxiety and depression. The patient is status post lumbar spine surgery, unspecified date. The request is for METHADONE 10MG #180. RFA with the request not provided. Patient's diagnosis on 06/19/15 includes failed back surgery syndrome, lumbar spine Radiculopathy, and anxiety/depression. Physical examination to the lumbar spine on 05/14/15 revealed decreased range of motion, especially on extension 10 degrees, positive straight leg raise test on the right. Treatments to date include surgery, imaging studies, physical therapy,

home exercise program and medications. Patient's medications include Oxycontin, Methadone and Valium. Patient's work status is not available. Treatment reports were provided from 09/15/14 - 06/19/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant Radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Methadone has been included in patient's medications, per progress reports dated 09/15/14, 01/20/15 and 06/19/15. It is not known when Oxycontin was initiated. Per 06/19/15 report, treater states "Oral pain medication including Oxycontin 20mg and Methadone provide the patient approximately 50% to 60% relief of his axial pain. It also provides him approximately 50% relief and improvement in overall functionality with the basic activities of daily living including sitting, standing and walking. Without these medications including Oxycontin and Methadone, the patient's quality of life would be very limited." In this case, treater has addressed analgesia and provided some examples of ADL's. Per 05/14/15 report, treater states the patient "has undergone random urine drug screening which revealed he is taking medication as directed." However, there are no specific discussions regarding aberrant behavior, adverse reactions, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and Radiculopathy. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.