MAXIMUS Federal Services

Case Number:	CM15-0174686		
Date Assigned:	09/16/2015	Date of Injury:	01/15/1991
Decision Date:	10/22/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/04/2015

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 67 year old female, who sustained an industrial injury on 1-15-1991. The injured worker was diagnosed as having back pain, degenerative disc disease, myofascial pain, postlaminectomy syndrome, sciatica, and arthritis of the back. Treatment to date has included diagnostics, lumbar spinal surgery, spinal cord stimulator, and medications. Currently (8-24-2015), the injured worker complains of back pain, severity "mild". It was documented that she was stable breaking the 15mg "MS in half" and was now only on 7.5mg per day (since at least 6-29-2015). She remained "stable" and was "doing well'. It was documented that she trialed and failed Oxycontin 10mg per day. Overall, she reported 90% improvement with current regimen with improved pain, range of motion, activity, and activities of daily living. She was tolerating medications and reported no side-effects. Kadian 10mg twice daily was "helping wonderfully" and Lidoderm patches "helps a lot for flare-ups". It was documented that she recently took a trip to the [redacted] and rode mules all the way to the bottom, as this was also noted in the progress report from 4-13-2015. Urine drug screen from 10-24-2014 was documented as reviewed and "all medications were appropriate". An activity report (4-13-2015) documented that all medications were being filled appropriately. There were no concerns for abuse or diversion. Opioid Risk Tool (4-2015) showed low risk. Urine drug testing was repeated to assist in monitoring adherence to prescription drug treatment regimen. The treatment plan included Morphine 15mg tablet (0.5 tab daily x60 days) #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 15mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 8/24/15 progress report provided by the treating physician this patient presents with chronic back pain located on both sides and in lumbar region. The treater has asked for Morphine 15mg #30 on 8/24/15. The patient's diagnoses per request for authorization dated 8/24/15 are back pain, DDD, myofascial pain, and lumbar DDD. The patient is stable, and is s/p a recent trip to the [redacted] where she rode mules all the way to the bottom. The patient is breaking her MS Contin in half, is now on 7.5 mg per day, and wants to continue taper as tolerated per 8/24/15 report. The patient also has unilateral weakness, and states that her back pain is mild, fluctuating in intensity and worse with stress/weather changes per 8/24/15 report. The patient is currently using Lidoderm patches, Oxycontin, Morphine, and Tylenol per 8/24/15 report. The patient's work status is retired. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Patient has been prescribed Morphine since at least 4/13/15. At that time, the patient was taking 1 tablet of Morphine a day, and has weaned down to a tablet as of requesting 8/24/15 report. MTUS requires appropriate discussion of the 4A's, and treater does discuss how Morphine significantly improves patient's activities of daily living with specific examples of ADLs including a recent mule-riding trip the patient took. There are documentation and discussion regarding adverse effects and aberrant drug behavior. A UDS from October 2014 as consistent, a controlled substance agreement was signed on 1/12/15, and the treater ran a patient activity report on 4/13/15 by the [redacted]. In this case, the treater has adequately discussed the 4A's as required by MTUS. Therefore, the request IS medically necessary.

Urine drug screen #1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: Based on the 8/24/15 progress report provided by the treating physician this patient presents with chronic back pain located on both sides and in lumbar region. The treater has asked for Urine drug screen #1 on 8/24/15 as the patient's last routine urine drug test was reviewed today from 10/24/14. It was done within the last year and all medications were appropriate. The patient's diagnoses per request for authorization dated 8/24/15 are back pain, DDD, myofascial pain, and lumbar DDD. The patient is stable, and is s/p a recent trip to the [redacted] where she rode mules all the way to the bottom. The patient is breaking her MS Contin in half, is now on 7.5 mg per day, and wants to continue taper as tolerated per 8/24/15 report. The patient also has unilateral weakness, and states that her back pain is mild, fluctuating in intensity and worse with stress/weather changes per 8/24/15 report. The patient is currently using Lidoderm patches, Oxycontin, Morphine, and Tylenol per 8/24/15 report. The patient's work status is retired. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under 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. The treater has provided the patient's risk assessment, stating that the prior urine drug screen from October 2014 was consistent, and that the patient is not at risk for abuse or illicit drug use. Given the patient is undergoing opioid therapy; the request would appear to be indicated. Utilization review letter dated 8/31/15 denies request citing lack of documentation of specific medications to be included in the urine drug screen. ODG recommends urine drug screens on a yearly basis if the patient is at low risk. As the prior urine drug screen was from 10 months ago, this request for a routine yearly urine drug screen IS medically necessary.