MAXIMUS Federal Services

Case Number:	CM15-0178137		
Date Assigned:	09/18/2015	Date of Injury:	06/12/1999
Decision Date:	10/21/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/10/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 06-12-1999. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, arthritis, chronic low back pain with radiating pain into both lower extremities, lumbar stenosis, lumbar facet arthropathy, lumbar spondylosis, lumbar degenerative disc disease, constipation, insomnia, depression and anxiety. Medical records (02-20-2015 to 07-28-2015) indicate ongoing and worsening radiating low back pain described as aching, burning, discomforting, numbness and sharp. Records also indicate no changes in activities of daily living or ability to function. Per the treating physician's progress report (PR), the IW was permanent and stationary. The physical exams, dated 07-28-2015 and 0826-2015, revealed no significant changes in physical objective findings as there continued to be an abnormal gait; painful range of motion (ROM) in the lumbar spine, right knee, right ankle and foot, and left ankle and foot; restricted and painful ROM in the left knee; and decreased deep tendon reflexes. Relevant treatments have included a failed lumbar laminectomy, failed trial of spinal cord stimulator, physical therapy (PT), work restrictions, and pain medications. Current medications being prescribed include: Zanaflex, amitriptyline, Celebrex, Lyrica, Senna, tramadol, and fentanyl patches. The treating physician indicates that the last urine drug screening was completed in 02-2015 and was consistent with prescribed medications. A urinalysis was noted to be last completed in 05-31-2013 with no results mentioned. The request for authorization (08-27-2015) shows that the following tests were requested: complete urinalysis with urine drug screening and alcohol screening. The original utilization review (09-03-2015) denied the request for a complete urinalysis with urine drug screening and alcohol screening based on the lack of documentation of concern for drug abuse, opioid abuse or misuse, diversion or other drug seeking behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis, complete; UDS and alcohol: Upheld

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): Opioids for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states: On-Going Management, Actions Should Include: (a) Prescriptions from a single practitioner taken as directed and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain dairy that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids. The patient was on opioids at the time of request, however the need for alcohol testing with no mention of alcohol abuse or aberrant behavior is not indicated and therefore the request is not medically necessary.