MAXIMUS Federal Services

Case Number:	CM15-0070256		
Date Assigned:	04/20/2015	Date of Injury:	12/24/2001
Decision Date:	05/22/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/14/2015

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: New York
Certification(s)/Specialty: Emergency 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 67-year-old female, who sustained an industrial injury on December 24, 2001. She reported injury related to falling. The injured worker was diagnosed as having lumbar spondylosis. Treatment to date has included a lumbar radiofrequency ablation, physical therapy, SI joint injection, and medications. Currently, the injured worker complains of ongoing low back pain. The Primary Treating Physician's report dated March 3, 2015, noted the injured worker reported stopping use of Oxycontin, as it was not helping much with the pain and gave her a cloudy headed feeling. The injured worker reported going back to using Hydrocodone as it helps significantly without side effects. Physical examination was noted to show tenderness in the lumbar facet joints, pain with lumbar extension, and facet loading reproduced low back pain. The treatment plan was noted to include waiting for authorization for a repeat lumbar radiofrequency ablation, refill of medications including Hydrocodone, Lunesta, Lexapro, Naprosyn, and Aciphex, a urine drug screen (UDS), and request for authorization for liver function tests to be performed. On 3/17/15 Utilization Review certified request for Lexapro, lumbar radiofrequency ablation, and liver function test. Requests for Lunesta and Norco were modified while Oxycontin ER and urine drug screening were non-certified. CA MTUS and the official disability guidelines were cited in support of these decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1 MG #25 with 1 Refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health.

Decision rationale: CA MTUS is silent on this topic. ODG guidelines do not recommend this medication for long-term use. It is recommended these medications are limited "to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use." Additionally, "There is also concern that they may increase pain and depression over the long-term." As there is no documentation in the chart that discusses the IW's mental health or sleep disturbance, treatments employed to address mental health conditions, or effects of these treatments, it is unclear why this medication is being prescribed. It is also unclear how long the IW has been receiving this medication. Without an understanding of the IW's specific needs, the request for Lunesta is not medically necessary.

OxyContin ER 20 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 80-81, 86.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. Additionally, the documentation states the IW stopped taking Oxycodone as it caused "cloudy headed feeling." The IW is no longer taking the medication and the request does not include dosing frequency or duration. The request for Oxycontin ER analgesia is not medically necessary.

Norco 10/325 MG #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): 80-81, 86.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. The request for Norco analgesia is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Pages 77-80, 94, Opioids, drug screens, steps to avoid misuse/addictionurine drug screen to assess for the use or the presence of illegal drugs Page(s): 43, 77.

Decision rationale: The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen. A urine drug screen is not a means "to check efficacy of medications." Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program, or for a few other, very specific clinical reasons. There are several urine drug screens included in the submitted documents. The test results are consistent with prescribed medications. The physician has prescribed multiple prior urine drug screens and has not discussed the results of any of them. Given that the treating physician has not provided details of the proposed testing, or any other indication for testing, the urine drug screen is not medically necessary.