

Case Number:	CM15-0094068		
Date Assigned:	05/20/2015	Date of Injury:	03/26/2010
Decision Date:	06/19/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 28 year old female, who sustained an industrial injury on March 26, 2010. She reported pain in the lower back. The injured worker was diagnosed as having lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified, disorder of back, and pain in joint, pelvic region and thigh (hip pain). Diagnostic studies to date have included MRI and urine drug screening. Treatment to date has included work modifications a right sacroiliac joint injection, lumbar epidural steroid injections, and medications including short-acting and long acting opioid pain, muscle relaxant, and non-steroidal anti-inflammatory. On March 6, 2015, the injured worker complains of ongoing, severe right low back pain with tingling in the right foot. She reports that her pain decreases from 8/10 to 3/10 with the use of medications. She is at the lowest effective dose of the medication. Her medications help her pain and help her with work duties, mobility, activities of daily living, and restorative sleep. The physical exam revealed tenderness of the right greater trochanter and the bilateral lumbar 4 paraspinal region, and decreased range of motion. There was normal motor strength in the bilateral lower extremities. The bilateral plantar reflexes were absent and the left ankle reflex was decreased. There was normal sensation in the bilateral lower extremities. The requested treatments included Oxycontin, Oxycodone, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Oxycontin 20mg #90 between 02/03/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Opioid, dosing. (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

Decision rationale: Oxycodone is the generic version of OxyContin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document intensity of pain after taking opioid or increased level of function. Additionally, the morphine equivalent per day based on the progress notes appears to be 150, which is in excess of MTUS recommendations. This patient has been on opioids in excess of guideline recommendations. As such the request for Retrospective request for Oxycontin 20mg #90 between 02/03/15 is not medically necessary.

Retrospective request for Oxycodone 10mg #120 02/03/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Opioid, dosing. (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

Decision rationale: Oxycodone is the generic version of OxyContin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document intensity of pain after taking opioid or increased level of function. Additionally, the morphine equivalent per day based on the progress notes appears to be 150, which is in excess of MTUS recommendations. This patient has been on opioids in excess of guideline recommendations. As such the question for Retrospective request for Oxycodone 10mg #120 02/03/2015 is not medically necessary.

Retrospective request for 1 Urine Drug Screen 03/06/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Urine drug testing (UDT) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter; '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; 'high risk' of adverse outcomes may require testing as often as once per month. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids once during January-June and another July-December." The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags; previous drugs screens have been consistent with prescribed medications. As such, the current request for Retrospective request for 1 Urine Drug Screen 03/06/2015 is not medically necessary.