

Case Number:	CM15-0095144		
Date Assigned:	05/21/2015	Date of Injury:	04/26/2002
Decision Date:	06/25/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/18/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 32-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 26, 2002. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve requests for Percocet and a urine drug screen while approving a request for x-rays of the lumbar spine. A RFA form dated April 15, 2015 and an associated progress note of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On February 6, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain status post earlier failed lumbar spine surgery. The applicant was using morphine and OxyContin, it was acknowledged. The attending provider stated that the applicant was engaged in drug seeking behavior. The applicant was kept off of work. The applicant had undergone surgery some two months prior, it was stated. The attending provider stated that the applicant was receiving opioids from multiple providers. The applicant was using a cane to move about. The applicant was two months removed from the date of earlier spine surgery, it was stated. Norco was apparently prescribed. The attending provider expressed hesitation about continuing to prescribe opioids. On April 2, 2015, the applicant reported ongoing complaints of low back pain, 8-10/10, sharp, piercing, and stabbing. Standing and walking remained problematic, it was reported. Percocet was endorsed on a trial basis. Drug testing was performed. The applicant was using marijuana; it was reported in the social history section of the note. The attending provider on this date was a different provider/different prescriber from the earlier note of February 6, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, When to Discontinue Opioids Page(s): 78 and 79.

Decision rationale: No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the prescribing provider of April 2, 2015 who issued the prescription for Percocet did not reconcile his decision to prescribe Percocet with the fact that the applicant was receiving Norco from another provider, on February 6, 2015. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an applicant should obtain opioid prescriptions from a single practitioner and a single pharmacy. Here, it was suggested that the applicant was receiving Percocet from one provider, Norco from another, and morphine and OxyContin from a third provider. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests immediate discontinuation of opioids in applicants engaged in illegal activities such as usage of illicit drugs. Here, the applicant was apparently using marijuana, an illicit substance; it was reported on April 2, 2015. Discontinuing opioid therapy, thus, appeared to be a more appropriate option than continuing the same, given all of the foregoing. Therefore, the request was not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain context, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, and attach an applicant's complete medication list to the Request for Authorization for testing. Here, however, the applicant's complete medication list did not appear to have been attached to the request for testing. It was not clearly identified when the applicant was last tested. The attending provider did not clearly signal his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing here. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.