MAXIMUS Federal Services

Case Number:	CM14-0142211		
Date Assigned:	09/10/2014	Date of Injury:	04/04/2002
Decision Date:	10/06/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 78 pages provided for review. The application for independent medical review was signed on August 28, 2014. Certification was made for Lyrica. The Oxycodone was modified from a request for 90 30 mg tablets down to 60 tablets. There was a request for toxicology screening and that was modified to certify for 10 substances for a qualitative analysis only. Non-certification was made for Oxycodone 40 mg two every eight hours number 180. Per the records provided, the patient complains of lower back pain. Cervical pain is also being treated. The pain is rated at nine out of 10. It is burning, radiating into both shoulders with numbness and nerve pain in both feet. Weakness is reported in the extremities. The claimant has a history of hepatitis C, chronic obstructive pulmonary disease and diabetes mellitus. Medicines include Adderall, Aleve, Amitriptyline, Clonazepam, Thiazide, Docusate, Fibercon, Glyburide-Metformin, Hydrochlorothiazide, Ibuprofen, Lisinopril, Lyrica, Niacin, Oxycodone, Oxycontin, Testosterone, Viibryd, and Vitamin C. The patient uses a cane for walking. He is able to maintain function on this regimen. Without the medicine he would not be able to continue the activity level. As of August 13, 2014 he continues with the low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 40mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management of chronic opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: In regards to opiates, long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

Oxycodone 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management of chronic opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: As previously shared, in regards to opiates, long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

Toxicology screening (obtained 8/13/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for a complete drug test with quantitation. The request is not medically necessary for the full qualitative and quantitative drug screen under MTUS criteria.