MAXIMUS Federal Services

Case Number:	CM13-0017178		
Date Assigned:	10/11/2013	Date of Injury:	03/07/2001
Decision Date:	01/14/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in physical medicine and rehabilitation 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 physician 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.

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 underlying date of injury in this case is 03/07/2001. Treating diagnoses include reflex sympathetic dystrophy of the left, status post a laminotomy/electrical stimulation lead placement, status post Medtronic spinal cord stimulator replacement September 2009, and diabetes. On 07/22/2013, a primary treating physician's progress report notes that the patient continued to be symptomatic with severe back pain radiating to the left lower extremity. The patient continued to await authorization for a replacement of a spinal cord stimulator. The patient complained of severe low back pain radiating into the left lower extremity with numbness, tingling, and fatigue. The patient was using Norco with breakthrough pain with no adverse side effects. The patient reported that this medication to allowed him to continue to participate in activities of daily living and that without medication he was confined to a sedentary lifestyle. The treating physician recommended continued use of Norco as well as random urine drug screening to assure patient compliance. A prior treating physician evaluation requested modification of this compensation request to include a random urine drug screen but to non-certify Norco given the lack of documentation of benefit overall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 180 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Pain Management recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. mInformation from family members or other caregivers should be considered in determining the patient's response to treatment. The medical records do not include this level of detail in monitoring the 4 domains of opioid management. The medical records are somewhat contradictory or nonspecific in stating that the patient has a sedentary lifestyle without medication and that with the pain medication the patient can participate in activities of daily living. It is unclear what specific activities of daily living are helped through opioids and whether these opioids have been titrated to achieve maximal functional benefit. Overall the benefit, and particularly benefit versus risk, of opioid use is not clearly supported consistent with the guidelines. The request for Norco 10/325mg, 180 count, is not medically necessary or appropriate.

random urine drug screen: Overturned

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

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

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Drug Testing states, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Given the chronicity in this case and what appears to be a lack of clear benefit from opioid medication used on a chronic basis, the guidelines would support a request for a random urine drug screen. The request for one random urine drug screen is medically necessary and appropriate.