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| Case Number: | CM13-0017379 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 04/07/2003 |
| Decision Date: | 01/24/2014 | UR Denial Date: | 08/06/2013 |
| Priority: | Standard | Application Received: | 08/26/2013 |

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 Pain Management, has a subspecialty in Interventional Spine 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. 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:

The patient is a 51 year old male with a date of injury on 4/7/03. The patient has been on Norco since December 2011. He had weaned off of OxyContin and Bupropion. According to the 8/13/13 report from [REDACTED], the patient has low back pain, left scapular and left thoracic pain and left knee pain. The patient uses Soma 350mg every 6 hours, as needed for spasms, voltaren 1% gel, qid, medical marijuana, Flector patches, Senokot-S, Ambien CR 12.5mg, as needed, Imitrex 100mg, and Norco 10/325mg 2 tabs every 6 hours, as needed for pain. He had a urine drug screen on 6/11/13 that detected amphetamines. He has had 5 surgeries on his left knee, the last being a total knee arthroplasty on 2/16/12. He was employed as a painter, but is permanently disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #210: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013 Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-88.

Decision rationale: The last consistent urine drug test was on 11/17/12 as reported on the 2/28/13 report by [REDACTED]. The patient had back pain, but there was no pain scale or discussion of whether any of the medications helped. The 5/12/13 urine drug test was reported on the 6/11/13 report to be inconsistent showing negative for Soma. The patient was reported to have 6-8/10 pain and stated he used Soma the night before. The patient denied drug abuse on the 6/11/13 and 7/11/13 reports, but the 6/11/13 urine drug test showed methamphetamine on quantitative analysis. [REDACTED] is recommending repeating the urine drug test. There is discussion on whether the medication helps reduce pain, improves function or quality of life. There is no indication that the medication is providing a satisfactory response. The guidelines state that if there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion, it has been suggested that a patient shows evidence of consultation with a physician trained in addiction treatment for assessment of the situation and possible detoxification. It is also suggested that a patient be given a 30-day supply of medications (to facilitate finding other treatment) or be started on a slow weaning schedule if a decision is made by the physician to terminate prescribing of opioids/controlled substances. The continued use of Norco without documentation of a satisfactory response, and with repeated inconsistent urine drug testing is not in accordance with the guidelines. Therefore, Norco is not medically necessary.