

Case Number:	CM13-0028062		
Date Assigned:	11/22/2013	Date of Injury:	01/31/2012
Decision Date:	02/03/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/23/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 51-year-old female who reported a work-related injury on 01/31/2012, when she was hit by a combative patient, injuring her neck and head. The patient has complaints of headaches with tinnitus, right-sided neck pain and right shoulder pain. The patient's medications include Norco, Prozac and vitamins. The patient has undergone urine drug screening with consistent results, the last one dated 07/18/2013. Her diagnoses include impingement syndrome, rotator cuff tendinosis of right shoulder, strain/sprain of the cervical spine and a herniated nucleus pulposus of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325mg tablets QTY: 400: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91,94,95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: The recent clinical documentation submitted for review stated that the patient's neck pain and headaches had been worse. The patient reported that her neck pain and headaches were at a level of 8/10 to 9/10 and had been exacerbated with prolonged driving and prolonged upward gazing activities. The patient was not working. The patient was noted to have

made significant progress with chiropractic treatments. The California MTUS Chronic Pain Medical Treatment Guidelines indicate an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be noted for patients taking opioids for pain management. There was a lack of documentation noting the patient's functional improvements or benefits due to the use of Norco. A pain assessment noting the patient's pain level before and after taking medications was not included. There were no functional benefits noted which could be objectively measured due to the use of Norco. The California MTUS Chronic Pain Medical Treatment Guidelines recommend the continued use of Norco if there is functional improvement with medication use. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Therefore, the decision for Norco 10/325 mg tablets (Quantity: 400.00) is non-certified.

Urine drug screen QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91,94,95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

Decision rationale: Per the clinical documentation submitted for review, the patient was noted to have undergone multiple urine drug screenings. The California MTUS Chronic Pain Medical Treatment Guidelines indicate that drug testing is recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. The patient was not noted to be at risk for misuse of medications and was not noted to be at risk for addiction or to have aberrant behaviors per the clinical documentation. The Official Disability Guidelines indicate that for patients at low risk of addiction/ aberrant behavior, urine drug testing should be initiated within 6 months of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless a test is inappropriate or there are unexpected results. The patient was noted to have a consistent urine drug screen on 07/18/2013. Therefore, the decision for a urine drug screen (Quantity: 1.00) is non-certified.