MAXIMUS Federal Services

Case Number:	CM13-0028853		
Date Assigned:	12/18/2013	Date of Injury:	07/30/2010
Decision Date:	03/18/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/24/2013

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. 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:

This is a female patient with a date of injury of 7/30/10. A utilization review determination dated 9/10/13 recommends non-certification of Norco, Norflex, and urine drug testing. A progress report dated 9/11/13 identifies subjective complaints including pain and discomfort in the right shoulder and right foot. She recently underwent an ESI and has very little pain over the lumbar spine and has considerable pain and discomfort in the right foot 8/10. Objective examination findings identify discomfort to palpation over the AC joint. Right foot discomfort to palpation over the sesamoid area of the right greater toe. Treatment plan recommends PT and urine drug testing. 8/21/13 UDS report was noted to be consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Norco, CA MTUS notes that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective

functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS). In the absence of such documentation, the currently requested Norco is not medically necessary.

Norflex 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Norflex, CA MTUS supports the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Norflex. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation. In the absence of such documentation, the currently requested Norflex is not medically necessary

Urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, and 99. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Regarding the request for a urine drug test, Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears that the testing is being done more than yearly, but there is no indication of a moderate or high-risk patient or another clear rationale for the frequency of testing. In light of the above issues, the currently requested urine drug screen is not medically necessary.