

Case Number:	CM13-0030614		
Date Assigned:	01/03/2014	Date of Injury:	07/01/2011
Decision Date:	03/24/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, midback, and low back pain reportedly associated with an industrial injury of July 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; various interventional spine procedures; prior cervical spine surgery in 2012; prior left shoulder surgery in 2012; and carpal tunnel release surgery. In a Utilization Review Report of September 16, 2013, the claims administrator denied request for Norco, Dulcolax, and a urine drug screen. The applicant's attorney subsequently appealed. In a progress note of October 1, 2013, the applicant presents with multifocal, neck, back, and shoulder pain. She is awaiting authorization for lumbar epidural facet injections, it is stated. The applicant is given medication refills, asked to consult a psychiatrist, asked to employ topical compounds, and remain off of work, on total temporary disability. Urine drug testing performed on November 4, 2013 was notable for the fact that opioids are not detected. Approximately, 20 different opioid metabolites, 10 different antidepressant metabolites, and multiple benzodiazepine metabolites were tested. Confirmatory testing was apparently performed. An earlier note of August 27, 2013 was also sparse and notable for comments that the applicant was reporting heightened low back and leg pain without any pain relief. The applicant was asked to obtain renewals of oral medications and topical compounds while remaining off of work, on total temporary disability. Dulcolax suppositories were introduced, presumably for constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

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

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

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain context, the MTUS does not establish specific parameters for or a frequency with which to perform urine drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly furnish an applicant's complete medication profile along with any request for testing. An attending provider should also clearly state what drug tests and/or drug panels are being tested for. Confirmatory testing is not recommended outside of the Emergency Department drug overdose context, the ODG further notes. In this case, none of the aforementioned criteria were met. The attending provider never furnished the applicant's complete medication list on any recent progress note provided. It was not clearly stated why confirmatory testing was needed or indicated here. There is no evidence of a drug overdose. The attending provider did not clearly state which drug tests and/or drug panels he was testing for in his progress note. The attending provider did not reconcile the negative opioid drug test result with the continued prescriptions for Norco. Accordingly, the request remains non-certified, on Independent Medical Review.

Norco10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain scores effected as a result of ongoing opioid usage. In this case, however, there is no evidence that the applicant had met any of the aforementioned criteria. The recent progress notes, referenced above, suggested that the applicant's pain complaints were heightened as opposed to reduced. The applicant had clearly failed to return to work. The applicant had failed to effect any improvement in function as a result of ongoing Norco usage. Therefore, the request remains non-certified, on Independent Medical Review.

Dulcolox suppository: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, "prophylactic treatment of constipation should be initiated" in those applicants who are using opioids. In this case, the applicant is using an opioid analgesic, Norco. Adding Dulcolax to prevent constipation is indicated and appropriate, per page 77 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the initial utilization review decision is overturned. The request is certified, on Independent Medical Review.