

Case Number:	CM13-0032006		
Date Assigned:	12/04/2013	Date of Injury:	10/06/2010
Decision Date:	01/15/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	10/04/2013

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] company employee, who has filed a claim for chronic low back pain, insomnia, depression, and neuropathic pain reportedly associated with an industrial injury of October 6, 2010. The applicant has been treated with the following: Analgesic medications; attorney representation; prior lumbar spine surgery in 2011; and extensive periods of time off of work on temporary disability. In a Utilization Review report of August 14, 2013, the claims administrator certified a request for Pamelor, denied a request for Norco, and denied a request for urine drug screen. The applicant later appealed. In a June 13, 2013, the attending provider pursues a request for spinal cord stimulator and asked the applicant to continue Lyrica, Subutex, Pamelor, and Medrox. An early note of July 18, 2013 is notable for comments that the applicant's medication regimen is not working for him. He is awaiting a spinal cord stimulator trial. He is given refills of Pamelor and Norco and is asked to remain off of work in the interim.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioids are evidence of successful return to work, improved functioning, and/or reduced pain affected through ongoing opioid usage. In this case, the applicant seemingly meets none of the aforementioned criteria. The applicant's pain is heightened as opposed to reduce despite ongoing Norco usage. The applicant has failed to return to any form of work. Finally, there is no evidence of improved function affected as a result of prior Norco usage. Therefore, the request is not certified.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter: Urine Drug

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines Section: Pain(Chronic)

Decision rationale: While Page 43 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical treatment Guidelines does support intermittent drug testing in the chronic pain population. The California Medical Treatment Utilization Schedule (MTUS) does not identify specific parameters for or establish the frequency with which to perform urine drug testing. As noted in the Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing Topic, an attending provider should clearly furnish a list of drug tests and/or drug panels, which he is planning to test for along with the request for authorization. The applicant's complete medication list should also be attached to the request for authorization. In this case, neither of the aforementioned criteria was seemingly met. The attending provider did not furnish the applicant's complete medication list, nor did he state which drug test or drug panels he was proposing to test for here. Therefore, the original Utilization Review Decision is upheld. The request remains noncertified, on independent medical review.