

Case Number:	CM13-0032130		
Date Assigned:	12/04/2013	Date of Injury:	12/07/2005
Decision Date:	01/23/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/07/2013

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 Anesthesiology 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 62-year-old female who reported a work-related injury on 12/07/2005. Her diagnoses include neck pain, cervical radiculitis, right knee internal derangement, status post total knee replacement, lumbar radiculitis, and chronic pain syndrome. Her medications include Nucynta, Lyrica, Cidaflex, Zanaflex, and Medrox patches. The patient has complaints of bilateral knee pain, low back pain, and severe headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing

Decision rationale: Recent clinical documentation stated the patient had complaints of bilateral knee pain, low back pain, and a severe headache. She stated she had much better pain control from her pain medications. The patient's pain score was 5/10 with medications and her pain was listed as 8/10 to 9/10 without medications. Urine drug screen performed on 09/03/2013 was

positive for hydrocodone, hydromorphone, and cyclobenzaprine and negative for amitriptyline and tapentadol. The clinical note dated 09/03/2013 stated the patient still had not received Lyrica or Nucynta and that the Norco hardly touched her pain. The patient's pain was listed as 7/10 with medications. California Chronic Pain Medical Treatment Guidelines indicate drug testing is recommended as an option to assess for the use or the presence of illegal drugs. Per the submitted clinical documentation for review, the patient was not noted to be a moderate or high risk of addiction/aberrant behavior. Official Disability Guidelines indicate the frequency of urine drug testing should be based on documented evidence of risk stratification to include the use of a testing instrument. Patients at low risk of addiction/aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. The clinical documentation submitted for review does not support a urine drug screen for the patient. Therefore, the request for 1 urine drug screen is non-certified.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use and When to continue Opioids.

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

Decision rationale: Recent clinical documentation noted the patient stated the Norco did not touch her pain and she was unable to get refills on her Nucynta or Lyrica. California Medical Treatment Guidelines for chronic pain 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 were no functional benefits noted which could be objectively measured due to the use of Norco. The patient was not noted to have a satisfactory response to treatment which may be indicated by the patient's decreased pain, functional improvements, or improved quality of life. Per the clinical documentation submitted, the patient continues to complain of severe headaches and bilateral knee pain and low back pain with no functional improvements noted due to the use of pain medications. Therefore, the request for 1 prescription Norco 10/325 mg #120 is non-certified.