

Case Number:	CM13-0041968		
Date Assigned:	03/24/2014	Date of Injury:	09/10/2011
Decision Date:	05/12/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 expert 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 injured worker is a 51-year-old male who reported an injury on 09/10/2011. The mechanism of injury was the injured worker was working on drum brakes of a diesel truck when one of them fell. The injured worker attempted to grab it and had pain in the low back. The injured worker's diagnoses included thoracic or lumbosacral neuritis or radiculitis unspecified. It was indicated the injured worker had been utilizing opiates since 06/2013. The injured worker had a urine drug screen on 08/27/2013 that was consistent with the medications that were prescribed, and it was noted that the injured worker was not noted to have aberrant drug behavior. The documentation of 09/25/2013 revealed the injured worker was taking Norco 10/325 two to 3 times a day, Lyrica 50 mg at bedtime, and oxycodone 10/325 two to 3 times a day. The injured worker indicated that the medications relieved 50% of his pain. It was indicated a side effect to the medications was constipation. The pain level was 7/10. The injured worker indicated he had improved function including increased activities of daily living such as walking longer, and an improved ability to perform household chores such as cooking and cleaning that he was unable to perform without Norco and Percocet. The diagnoses included post laminectomy syndrome, lumbar spinal stenosis, and lumbar radiculopathy. The treatment plan included Lyrica for neuropathic pain, continuation of Norco 10/325 by mouth 3 times a day #90 prn for moderate breakthrough pain as the injured worker had functional improvement that was documented, a continuation of Percocet 10/325 1 by mouth 3 times a day #90 prn for severe breakthrough pain as the injured worker had functional improvement, and a urine drug screen to ensure compliance. It was noted the injured worker did not exhibit any aberrant drug-seeking behavior, and had a signed narcotic agreement on file, start Amitiza 24 mcg by mouth twice a day for opiate-induced constipation, continuation of conservative care, and a lumbar spine orthoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain; Ongoing management; Opioids, dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The injured worker had been utilizing the medication for more than three months. The clinical documentation submitted for review indicated the injured worker met the above criteria. However, the request as submitted failed to indicate the frequency. Given the above, the request for Norco 10/325 mg #90 is not medically necessary.

LSO (LUMBAR SACRAL ORTHOSIS) BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 9, 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review failed to indicate the injured worker had spinal instability. The clinical documentation indicated the request for a lumbar spine orthoses was for pain relief and to improve function. Given the above, the request for a lumbosacral orthoses back brace is not medically necessary.

RETROSPECTIVE URINE DRUG SCREEN (UDS) (DOS: 9/25/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation MTUS: DRUG TESTING, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 43

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had documented issues

of abuse, addiction, or poor pain control. It was indicated the injured worker had a urine drug screen on 08/27/2013 that was appropriate and consistent with medications that were prescribed. Given the above and the lack of documentation indicating a necessity for a repeat urine drug screen, the urine drug screen performed on 09/25/2013 was not medically necessary.