

Case Number:	CM14-0102002		
Date Assigned:	07/30/2014	Date of Injury:	08/30/2010
Decision Date:	09/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 patient is a 41 year-old male with the date of injury of 06/09/2014. The patient presents with pain in his neck and lower back. His neck pain radiates down shoulders and hands bilaterally. The patient rates his neck pain as 9/10 on the pain scale and his low back pain as 8/10, regardless of use of medications. [REDACTED] report on 04/23/2014 indicates that the patient is taking Amodipine, Prilosec, Losattan and Viagra. The same report of [REDACTED] states that "The patient will be receiving his pain medications through [REDACTED]." However, [REDACTED] reports do not provide any information regarding medications, except stating "his medications." According to [REDACTED] report on 04/04/2014, diagnostic impressions are: 1) Cervical spine disc disease 2) Cervical spine radiculopathy 3) Lumbar spine disc disease 4) Lumbar spine radiculopathy 5) Lumbar spine facet syndrome 6) Chronic pain 7) Internal medicine diagnosis [REDACTED] requested for 1) Norco #90 2) Urine Toxicology screening The utilization review determination being challenged is dated on 06/09/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/29/2014 to 06/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: The patient presents with pain in his neck and lower back. [REDACTED] is requesting Norco #90. Unfortunately, the treater's reports do not contain any information regarding the patient's pain medications. Before prescribing any medication for pain, MTUS guidelines page 60 and 61 require "(1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Review of the reports from 01/15/2014 to 07/09/2014 does not indicate any of these. There are no reports that specifically discuss this request. There are no specifics provided in terms of numerical scales, specific ADL changes and no discussion regarding opiates management addressing adverse effects and aberrant behavior. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Recommendation is for denial.

Urine Toxicology Screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; opioid management Page(s): 43,77.

Decision rationale: The patient presents with pain in his neck and lower back. The request is for urine toxicology screening. MTUS guidelines Recommend urine toxicology screening as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. The treater's reports do not contain any information regarding the patient's pain medications except stating "his medication." The treater does not indicate why urine toxicology screening is being requested at this time. There are no reports that specifically discuss this request. According to utilization review letter on 06/09/2014, the treater requested urine toxicology screening on 02/11/2014 and it was approved. By now, the results of that urine drug test should be known. Without an explanation as to why urine toxicology screening is needed again, what pain medications the patient is taking, or how the patient is doing, additional urine toxicology screening cannot be considered. Recommendation is for denial.