

Case Number:	CM14-0017206		
Date Assigned:	04/14/2014	Date of Injury:	03/25/2010
Decision Date:	05/30/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/11/2014

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 60-year-old female with date of injury of 03/25/2010. The listed diagnoses per [REDACTED] dated 01/23/2014 are: Lumbosacral spondylosis with myelopathy, Displacement of the lumbar intervertebral disk without myelopathy, Thoracic/lumbosacral neuritis/radiculitis, unspecified, Unspecified myalgia and myositis, Disorders of the sacrum, Thoracic spondylosis without myelopathy, Degenerative lumbar/lumbosacral intervertebral disk, Lumbago, Endocarditis, unspecified cause, Status post left shoulder surgery, 12/09/2013. According to the report, the patient presents with chronic low back pain. The pain is described as sharp and continuous that radiates to the right leg/foot. The patient underwent left shoulder surgery on 12/09/2013 on a nonindustrial basis. She reports that Norco gives her nausea which she never experienced with Xodol. She currently rates her pain at 2-3/10 on a pain scale. The medications being prescribed are keeping her functional, allowing her increased mobility and tolerance of ADLs and home exercises. She reports no side effects associated with these medications. The patient is currently taking Norco, Xodol, Celebrex, Fioricet. The exam shows the patient is well-nourished in no acute distress. There is tenderness to palpation on the paraspinals with radiculopathy down both lower extremities with greater distribution to the left extending only through the calf. Straight leg raise is positive bilaterally. There is also sciatic notch tenderness present bilaterally. There is decreased left lower extremity strength and decreased right lower extremity strength. Sensory exam shows decreased right L4, decreased right L5, decreased right S1, decreased left L4, and decreased left L5. The treater is requesting a refill for Norco and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 78.

Decision rationale: This patient presents with chronic back pain. The treater is requesting Norco. For chronic opiate use, Chronic Pain Medical Treatment Guidelines requires specific documentations regarding pain and function. Page 78 Chronic Pain Medical Treatment require "pain assessment" that require "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain reliefs last." Furthermore, "the 4 A's for ongoing monitoring" are required that include (analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior). A correspondence from the patient dated 02/07/2014 documents that the patient has been taking Norco for 3+ years and it is the only pain medication that her body can tolerate and lessen her chronic back pain. The treater mentions medication efficacy stating, "The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises. No side effects are associated with these." The patient's pain is rated at 2-3/10. There are no "pain assessment" as required by MTUS. No before and after pain scales are provided. There are no specific ADL changes to determine whether or not improvement is significant and no discussion regarding the patient's work status changes attributed to use of chronic opiates. The treater also does not discuss the results of the aberrant UDS. Given inadequate documentation, the patient should be slowly weaned as outlined in the Chronic Pain Medical Treatment Guidelines. Given the above the request for Norco 10/.325mg #60 with 3 refills is not medically necessary and appropriate.

URINE TOXICOLOGY SCREEN: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines (ODG) criteria for use of urine drug testing.

Decision rationale: This patient presents with chronic back pain. The treater is requesting urine toxicology screen. Records show that the patient recently had 1 urine drug screen in 01/13/2014 showing inconsistent results. The ODG Guidelines state, "Patients at moderate risk for addiction/aberrant behavior are recommended for point of contract screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patient's undergoing prescribed opiate changes without success, patients with stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with

comorbid psychiatric pathology." In addition, if a urine drug test is negative for the prescribed schedule drug, confirmatory testing is strongly recommended for the questioned drug. Given the patient's inconsistent results from 1/13/14, this patient may require a more frequent UDS. Review of records show that the patient has had 1 urine drug screen in 2014. Given the above the request for urine toxicology screen is medically necessary and appropriate.