

Case Number:	CM14-0017919		
Date Assigned:	04/16/2014	Date of Injury:	09/24/2009
Decision Date:	06/30/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/12/2014

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 and is licensed to practice in Illinois. 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 68-year-old male who reported an injury on 09/24/2009. The mechanism of injury was not provided in the medical records for review. Medications included topical compounding cream apply 1 to 2 grams times 4 times a day, iron plus vitamin C 65 mg, iron 125 mg tablet 1 twice a day, 81 mg of aspirin once per day, Norco 10/325 mg 1 every 6 hours as needed, Cymbalta 60mg 1 daily, Zestoretic 10/12.5 mg once per day, Lisinopril 5 mg once per day, Celebrex 200 mg twice per day as needed, Colace 100 mg once per day, Lipitor once daily, Prilosec 20 mg once at bedtime, fish oil 300 to 1000 mg 1 to 2 daily, Wellbutrin XR 150 mg once a day at bedtime, COQ10 once per day, glucosamine sulfate 750 mg once per day, multivitamin, and Trilipix 135 mg once per day at bedtime. Surgical history included back surgery in 2013, left knee scope 2010, right total knee 2006, and a total left knee replacement in 2010. The clinical note dated 03/10/2014 indicated that the injured worker presented with severe back pain with complaints of the pain worsening. The injured worker indicated that it was persistent and the pain is in his low back and thighs with radiating pain to the left thigh and right thigh. The injured worker described the pain as numbness and sharp and the symptoms were aggravated by ascending stairs, bending, changing positions, and daily activities, rolling over in bed, sitting up and walking. The injured worker did report that the pain medications and lying down and rest relieved the pain. The diagnoses given were listed as chronic pain due to trauma, lumbosacral spondylosis without myelopathy, myalgia and myositis unspecified, sacroiliitis, depression, hypertension, COAT V58.69, anemia, radiculopathy thoracic or lumbosacral, and chronic kidney disease unspecified. Physical examination indicated normal gait, moderate lumbar muscle spasms, max tenderness to palpation at the paraspinal lumbar, PSIS, the sacroiliac joint and paraspinal muscles. Pain was noted to motion. Straight leg raise was positive and radiated on the right. The injured worker was noted to have painful active range of motion with

limiting factors of pain. Rotation was limited, rotation pain was moderate, and there was diminished sensation to pin prick along the L3 and L4 nerve root distributions. The hip evaluation noted that extension was 0 degrees to the left and right. Treatment plan included awaiting surgical release, renew medications and monitor for adherence with urine drug screen, CURES and routine labs. The DWF form requesting the prescription refill for the Norco 10/325 #60 with 2 refills and the for the 1 random periodic urine drug screen was not provided in the medical records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325MG #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NORCNO, ONGOING MANAGEMENT, 75, 78

Decision rationale: California MTUS Guidelines recommend a short acting opioid such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The documentation provided for review did not provide documentation of pain relief, functional status, appropriate medication use and any side effects that the injured worker might be having. There were no pain assessments with current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after the opioid, how long it takes for the pain relief, or how long the pain relief lasts. The 4 domains that need to be documented including pain relief, side effects, physical and psychosocial functioning in the occurrence of any potential aberrant or non-aberrant drug related behaviors were not provided for review. The request for the Norco 10/325 mg #60 with 2 refills did not include frequency of the medication. Therefore, the request for the Norco 10/325 mg #60 with 2 refills is non-certified.

1 RANDOM PERIODIC UDS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DRUG SCREENS, 43

Decision rationale: The California MTUS states that drug testing is recommended as an option when the drug screens are used to assess the injured worker's further use or suspected presence of illegal drugs. In the ongoing management section of the opioids, differentiation of dependence and addiction, opioid screening can be used for the addiction of opioids and steps to avoid misuse addiction. In the documentation provided for review, the physician did not document any suspicions of illegal drug use. The documentation provided for review did not include objective reasoning on why the urine drug test was being performed; therefore, the request for the random urine drug screen is non-certified.