

Case Number:	CM14-0019455		
Date Assigned:	04/23/2014	Date of Injury:	05/10/2000
Decision Date:	07/03/2014	UR Denial Date:	01/19/2014
Priority:	Standard	Application Received:	02/15/2014

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 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:

This 69 year-old patient sustained an injury on 5/10/2000 while employed by [REDACTED]. Requests under consideration include Norco 10/325mg #100 with 5 refills, Motrin 800mg #90 with 5 refills, and the urine drug screen. Report of 1/7/14 from the provider noted the patient with increased low back pain; right shoulder pain that radiates to the neck; right heel/foot pain; and pain throughout his pelvis that increases when he stands and walks. He has requested for refills of his Norco and Motrin. Exam showed reduced lumbar spine range of motion with stiffness and guarding; positive bilateral Lasegue's and facet load on extension and rotation; wound at right ear without signs of infection. Neosporin was given and patient has follow-up with his ear doctor. Diagnoses include bicipital occipital neuralgia; left ankle sprain/strain secondary to overuse; s/p right rotator cuff surgery on 11/26/01; lumbar spine sprain/strain with bulging discs; right knee strain/sprain with medial meniscal tear; s/p right ankle crush injury; CRPS of right lower extremity; cervical spine strain/sprain with bulging discs. The requests for medications Norco and Motrin with 5 refills along with Urine Drug Screen were non-certified on 1/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR NORCO 10/325MG #100 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-96.

Decision rationale: This 69 year-old patient sustained an injury on 5/10/2000 while employed by [REDACTED]. Requests under consideration include prescription for Norco 10/325mg #100 with 5 refills. Report of 1/7/14 from the provider noted the patient with increased low back pain; right shoulder pain that radiates to the neck; right heel/foot pain; and pain throughout his pelvis that increases when he stands and walks. He has requested for refills of his Norco and Motrin. Exam showed reduced lumbar spine range of motion with stiffness and guarding; positive bilateral Lasague's and facet load on extension and rotation; wound at right ear without signs of infection. Neosporin was given and patient has follow-up with his ear doctor. Diagnoses include bicipital occipital neuralgia; left ankle sprain/strain secondary to overuse; s/p right rotator cuff surgery on 11/26/01; lumbar spine sprain/strain with bulging discs; right knee strain/sprain with medial meniscal tear; s/p right ankle crush injury; complex regional pain syndrome of right lower extremity; cervical spine strain/sprain with bulging discs. Per the California Medical Treatment Utilization Schedule (MTUS) Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status for this 2000 injury. The California (MTUS) provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Requests under consideration include prescription for Norco 10/325mg #100 with 5 refills is not medically necessary and appropriate.

PRESCRIPTION FOR MOTRIN 800MG #90 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MOTRIN (IBUPROFEN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 22.

Decision rationale: Exam showed reduced lumbar spine range of motion with stiffness and guarding; positive bilateral Lasague's and facet load on extension and rotation; wound at right ear without signs of infection. Neosporin was given and patient has follow-up with his ear doctor. Diagnoses include bicipital occipital neuralgia; left ankle sprain/strain secondary to overuse; s/p right rotator cuff surgery on 11/26/01; lumbar spine sprain/strain with bulging discs; right knee strain/sprain with medial meniscal tear; s/p right ankle crush injury; complex regional

pain syndrome of right lower extremity; cervical spine strain/sprain with bulging discs. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the Non-steroidal anti-inflammatory drug (NSAID's) functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. The prescription for Motrin 800mg #90 with 5 refills is not medically necessary and appropriate.

ONE URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic 2000 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent urine drug screen (UDS). Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine Drug Screen is not medically necessary and appropriate.