MAXIMUS Federal Services

Case Number:	CM14-0125536		
Date Assigned:	08/11/2014	Date of Injury:	05/14/2011
Decision Date:	09/24/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/07/2014

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:

The patient is a 67 year old female who was injured on 05/14/2011 when she tripped and fell over a crack in the sidewalk. She felt immediate pain in her low back and left knee. Prior treatment history has included medication, epidural steroid injection to the lumbar spine with reported improvement. Diagnostic studies reviewed include x-rays of the lumbar spine dated 02/13/2014 demonstrated degenerative scoliosis with some diffuse disc space narrowing with osteophyte. X-rays of the left knee dated 02/13/2014 revealed mild medial compartment narrowing with medial osteophytes. UA dated 02/13/2014 revealed positive results for Codeine, hydrocodone, and Morphine. Progress report dated 02/13/2014 indicates the patient presented with low back pain radiating to bilateral hips and leg, ankle level. She reported numbness and tingling with weakness in bilateral legs. Her pain becomes aggravated with prolonged activity. She rated her pain as an 8/10. She complained of continuous pain in her left knee radiating to the ankle and thigh. She reported popping and giving way. She utilizes a cane for walking support. She rated her pain as an 8/10. The pain in bilateral lower extremities is rated as an 8/10. The patient utilizes Norco 10/325 mg, Oxycodone 30 mgs, atenolol Objective findings on exam revealed no evidence of trauma to the lumbar spine. Range of motion of the lumbar spine revealed flexion to 30; extension to 10; and right lateral bending to 10. She has tenderness over the lumbar paraspinal muscles, quadratus lumborum and gluteal muscles. Straight leg raise is positive on the right side and negative on the left. Kemp's test was positive bilaterally. Deep tendon reflexes were 1+ in the L4 and S1 muscle groups bilaterally. The left hip revealed flexion to 60; extension to 30; abduction to 30; adduction to 20; internal rotation to 30; and external rotation to 30. Patrick and Fabere test was positive with muscle strength at 4/5 with flexion and 5/5 with extension and abduction. The knees revealed flexion to 120 on the right and 110 on the left; and extension to 0 bilaterally. There was tenderness to palpation and hypertonicity on the

right side. Patellofemoral grind test was positive bilaterally. The patient is diagnosed with left knee meniscus tear status post arthroscopy; compensatory chronic lumbar strain; bilateral lower extremity radicular pain and bilaterally hip chronic strain. A progress report dated 07/09/2014 indicates persistent lower back pain as well as the left knee. She rates her pain at 7-10/10 on a scale of 1 to 10 that is constant and unchanged from previous visit. She does take Norco 4-5 times daily; which helps her pain from 10/10 down to 4/10 and allows her to ambulate for a greater periods of time and do more activities of daily living around the house. The pain is made worse with prolonged standing, prolonged sitting and use of stairs. Prior utilization review dated 07/28/2014 states the request for Urine Toxicology next office visit is denied as there is no documented high risk behavior from the patient; and Norco 10/325mg #120 is modified to certify Norco 10/325 mg # 90 with the expectation to wean the patient off all opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology next office visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines: Pain(Updated on 07/10/14) (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Drug testing, page 43 and on the Non-MTUS Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing. The Expert Reviewer's decision rationale:As per CA MTUS and ODG, "urine drug screening is recommended to monitor prescribed substance and to assess for the use or the presence of illegal drugs or aberrant behavior." In this case, this patient had UA done on 02/13/2014 that was consistent with prescribed medication. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Since the patient had Urine Analysis (UA) done on 02/13/2014, a repeat urine drug test is not medically necessary and appropriate at this time. The request is not medically necessary.

Norco 10/325mg # 120: 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): 76-80.

Decision rationale: As per CA MTUS guidelines, Norco is a short-acting opioids also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling

chronic pain. They are often used for intermittent or breakthrough pain. Further guidelines indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain reflief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, the most recent progress report dated 07/09/2014 indicates persistent lower back and left knee pain. There is documentation that her pain level is unchanged from previous visit at 7-10/10 on a scale of 1 to 10 that is constant. On the contrary, it is noted that she takes Norco 4-5 times daily that helps per pain from 10/10 down to 4/10, which allows her to be more functional. There is documentation that patient is not currently not working. For individuals taking long-term opioids, the guidelines recommend that patient should able to return to work and has improved function. Based on the above documentation, there is conflicting documentation regarding the efficacy of the this medication. There is no evidence of objective functional improvement and hence continued use is not medically necessary and slow tapering/weaning process needs to be initiated due to the risk of withdrawal symptoms.