

Case Number:	CM14-0133745		
Date Assigned:	08/25/2014	Date of Injury:	03/14/2014
Decision Date:	10/03/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 41-year-old male with a 3/14/10 date of injury, and status post C4-5 artificial disc replacement and decompression 8/4/10. At the time (7/21/14) of request for authorization for in-office random 2 -panel urine drug screen DOS 7/14/14 and Norco 10/325 mg P.O. ever 5 hours as needed for pain #150 with 2 refills, there is documentation of subjective (neck and interscapular pain) and objective (cervical range of motion restricted by pain in all directions, tenderness to palpation to bilateral muscles overlying the C5-7 facet joints, positive cervical discogenic and facet joint provocative maneuvers) findings, current diagnoses (cervical facet joint pain, cervical facet joint arthropathy, and status post C4-5 ProDisc artificial disc replacement), and treatment to date (facet blocks, radiofrequency ablation, and medications (including ongoing use of Norco since at least 4/13)). 7/24/14 medical report identifies that Norco provides 70% decrease of the patient's pain with 70% improvement of activities of daily living and allows the patient to work. In addition, 7/24/14 medical report identifies that the patient has a signed opioid contract, has no adverse effects, and shows no aberrant behavior with medications. Furthermore, 7/24/14 medical report identifies that the patient is at moderate risk and that the last UDS was done over 4 months ago.

IMR ISSUES, DECISIONS AND RATIONALES

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

IN-OFFICE RANDOM 2-PANEL URINE DRUG SCREEN DOS 7/14/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of cervical facet joint pain, cervical facet joint arthropathy, and status post C4-5 ProDisc artificial disc replacement. In addition, there is documentation that the patient is a moderate risk of addiction and misuse and that prior UDS was done over 4 months ago. Therefore, based on guidelines and a review of the evidence, the request for in-office random 2 -panel urine drug screen DOS 7/14/14 is medically necessary

NORCO 10/325 MG P.O. EVERY 5 HOUR AS NEEDED FOR PAIN #150 WITH 2 REFILLS: Overturned

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): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical facet joint pain, cervical facet joint arthropathy, and status post C4-5 ProDisc artificial disc replacement. In addition, given documentation that the patient has a signed opioid contract, has no adverse effects, and shows no aberrant behavior with medications, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation that Norco provides 70% decrease of the patient's

pain with 70% improvement of activities of daily living and allows the patient to work, there is documentation of functional benefit or improvement as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg P.O. ever 5 hours as needed for pain #150 with 2 refills is medically necessary.