

Case Number:	CM14-0134626		
Date Assigned:	08/27/2014	Date of Injury:	12/04/2006
Decision Date:	09/25/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/21/2014

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 Pain Medicine 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 injured worker is a 46 year-old male with a date of injury of 12/4/2006. The patient's industrially related diagnoses include thoracolumbar sprain/strain with bilateral lower extremity radiculitis and cervical strain with multilevel disc bulges. The disputed issues are one prescription of Norco 10/325mg #120, one prescription of Ativan 2mg #30 and one urine drug screen. A utilization review determination on 8/19/2014 had noncertified these requests. The rationale for the denial of Norco was that the "submitted documentation stated the patient reported decreased pain with medication use and improvement in sleep. However, the patient continues to have increasing pain and symptoms with unchanged objective findings." It was certified with modification to #78 tablets with remaining #42 non-certified. The stated rationale for the denial of Ativan was that it is "not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence." The request for Ativan certified with modification for only #20 tablets. The request for one urine drug screen was non-certified because "submitted documentation indicated the patient has had urine drug screens in the past with evidence of compliance and shows no documentation of red flag behavior of medications."

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral Medications: Opioids Page(s): 76-80.

Decision rationale: Norco is an opioid that is recommended for moderate to severe pain. In regard to the use of Norco, the California Chronic Pain Medical Treatment Guidelines states the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In the progress report dated 7/23/2014, the treating physician documents that the pain is reduced from 7-8/10 without medications to 5/10 with medications and the injured worker has improved sleep patterns. However, there is no documentation of improvement in functional level such as activities of daily living. The guidelines referenced above recommend continuation of opioids if the injured worker has returned to work or if there is evidence of improved functioning and pain. However, discontinuation of opioids is recommended if there is no overall improvement in function. In the report provided, there is limited documentation of clinical evidence of improvement in function. Therefore, Norco 10/325mg #120 is not medically necessary at this time. Although Norco is not medically necessary at this time, since it is an opioid, it should not be abruptly halted and the requesting provider could start a weaning schedule as he or she sees fit. The request for Norco 10/325mg #120 is not medically necessary.

Ativan 2mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: Ativan is a benzodiazepine. The Chronic Pain Medical Treatment Guidelines states that benzodiazepines are not recommended for long-term use due to risk of dependence and lack of evidence to support long-term efficacy. In the progress report on 7/23/2014, the prescribing physician requested Ativan 2mg at night for sleep and stated that the injured worker "has failed behavioral techniques for improved sleep and has sleep difficulty." According to the records, the injured worker has been prescribed Ativan since 8/2013. Most guidelines do not recommend use of benzodiazepines for longer than 4 weeks. Based on the guidelines, Ativan is not medically necessary. Although not medically necessary, Ativan should not be abruptly halted and the requesting provider could start a weaning schedule as he or she sees fit. The request for Ativan 2mg #30 is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing, Opioids Page(s): 43, 76-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend urine drug testing as an option to assess for the use or the presence of illegal drugs. While on opioids, ongoing management actions should include: "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Urine drug screen can help determine appropriate medication use and identify possible aberrant behavior. The Official Disability Guidelines Integrated Treatment / Disability Duration Guidelines for Chronic Pain state the following "Frequency: There is no hard and fast rule in terms of frequency of drug testing but, as noted above, risk stratification appears to be the best way to determine frequency. It is currently recommended that patients at low risk of adverse outcomes be monitored randomly at approximately every six months. A 3- to 4-time a year frequency is recommended for patients at intermediate risk, those undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. Those patients at high risk of adverse outcomes may require testing as often as once a month." On the progress report dated 7/23/2014, there was no clinical evidence that the injured worker presented with any aberrant behavior. The urine drug screen was requested by the treating physician randomly to "document medication compliance." Based on the guidelines referenced above, a patient at low risk of adverse outcomes should be monitored randomly every six months. The submitted documentation shows that a urine drug screen sample was collected on 7/22/2014 and the report was provided on 8/6/2014 but does not provide the date of previous urine drug screens. Therefore, due to insufficient documentation, a urine drug screen is not medically necessary at this time.