

Case Number:	CM14-0152396		
Date Assigned:	09/22/2014	Date of Injury:	08/01/2011
Decision Date:	10/21/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/18/2014

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 Occupational 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 patient is a 49-year-old male, who has submitted a claim for lumbar spinal stenosis associated with an industrial injury date of 08/01/2011. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain radiating into his legs. Pain is rated at 8 out of 10 with medications and 10 out of 10 without medications. Physical examination of the lumbar spine revealed moderate discomfort on palpation of the midlumbar spine. There is a positive straight leg raise on the left. Treatment to date has included oral medications, including Norco since at least 11/08/2012, physical therapy, trial with TENS unit and lumbar epidural steroid injection. Utilization review from 08/19/2014 denied the request for Urine Drug Screening. A previous UDS dated 06/30/2014 showed positive for Methadone, EDDP, hydrocodone and hydromorphone. However, there was no documentation of potential actions taken in response to any inconsistencies regarding prescribed medications such as weaning/discontinuation. The same review denied the request for Norco because there is no documented functional improvement from its previous usage. The request for LG hot compound ointment was also denied because there is also no documentation of the patient's intolerance to oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43,89,94.

Decision rationale: As stated on pages 43, 89, and 94 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug screening (UDS) is recommended to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to avoid opioid misuse/addiction. In this case, the patient had a urine drug screen done on 06/30/2014, which showed inconsistent result with prescribed medications. There is a high suspicion for drug abuse / diversion. The medical necessity for repeat testing has been established to re-assess drug compliance. Therefore, the request for Urine Drug Screen is 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 9792.24.2, Opioids, On-going Management, Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been prescribed Norco since at least November 2012 (almost 2 years to date). The medical records likewise did not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg #120 is not medically necessary.

LG HOT COMPOUND OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants. In this case, the patient has been prescribed LG hot compound ointment since at least August 2014. However, the documentation failed to show failed trial of first-line therapy of antidepressants

and anticonvulsants. Moreover, according to the submitted medical records, the patient reported no symptoms of intolerance to current oral analgesic medication to support the need for topical cream use. Therefore, the request for LG hot compound ointment is not medically necessary.