

Case Number:	CM14-0168327		
Date Assigned:	10/15/2014	Date of Injury:	01/28/2011
Decision Date:	12/10/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/13/2014

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 & 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:

On 09/14/2011, the patient was seen in orthopedic followup with a history of a lumbar decompression, lumbar fusion, and severe cervical stenosis. That note indicates that Norco had been discontinued and that the patient's medications included Excedrin, Ativan, Cymbalta, aspirin, and Flexeril. The orthopedist reviewed the patient's marked improvement after cervical fusion surgery in 2011 as well as improvement after lumbar fusion surgery in June 2013. The patient, however, did develop ongoing neck pain since August 2014 and was noted to have severe stenosis on MRI imaging. The treating physician therefore requested authorization for the patient to see a neurosurgeon for a second opinion. That orthopedic surgeon refilled Flexeril and Norco and also requested urine drug testing in order to determine if a change in the patient's prescription therapy were indicated. A physician review of 09/13/2014 discusses the patient's physician report of 09/04/2014 and notes that Norco had been discontinued and that therefore there was neither indication to continue with Norco nor an indication for urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription for Norco: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Criterial for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management. A prior physician review stated that Norco had been discontinued, and therefore this request should be noncertified. However, another portion of the most recent office note may not have been observed by the prior reviewer and discusses that substantial recurrence or increase in the patient's pain for which reason Norco treatment was resumed. For this reason, this request is supported by the medical records and treatment guidelines. This request is medically necessary.

1 retrospective request for 12 panel urine drug screen on 9/4/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screens: Criteria for Use of Urine Drug Testing.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on drug testing, page 43, states that urine drug testing is recommended as an option. The prior physician review recommended non-certification of urine drug screening given that no opioid medications had been prescribed. However, a request for Norco was overturned as part of the same independent medical review since Norco use had been resumed due to a recurrence/severe worsening of symptoms. Therefore, urine drug screening would also be indicated given this worsening of symptoms and the resumption of opioid use. This request is medically necessary.