

Case Number:	CM14-0022804		
Date Assigned:	06/11/2014	Date of Injury:	08/09/2012
Decision Date:	07/15/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/24/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 46 year old who was injured on 8/9/2012. The diagnoses are low back pain, Sacroiliac joint pain, and leg pain. There are associated diagnoses of insomnia and mood changes. The MRI was significant for multilevel degenerative disease of the lumbar spine and neuroforaminal stenosis. The EMG/NCS of the lower extremities was normal. The patient completed PT, facet and epidural injections with no significant improvement in pain. An SI joint injection provided 75% reduction in SI joint area pain. The medications are Lyrica, Norco and Relafen for pain, Cyclobenzaprine for muscle spasm, Sertraline for depression. On 5/13/2014, [REDACTED] documented subjective complains of severe low back pain. The medications were reported to provide significant decrease in pain and improvement in function. No aberrant behavior was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST: NORCO 10/325 MG. FOUR (4) TIMES A DAY AS NEEDED QTY# 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, and 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids could be utilized for short term treatment of severe pain during acute injury and periods of exacerbation of chronic pain that is non responsive to standard NSAIDs, physical therapy and exercise. The required documentation during chronic opioid therapy include compliance monitoring measures such as Pain Contract, UDS, absence of aberrant behavior and improvement of ADL/functional restoration. The concurrent use of psychiatric medications and sedatives is associated with increased incidence of severe drug interactions and adverse effects. The record indicate that the patient is also utilizing sedating muscle relaxants, Lyrica and Sertraline. The record did not provide details on compliance documentation. The request is not medically necessary.

RETROSPECTIVE REQUEST: URINE DRUG SCREEN (DONE 1/14/2014) QTY: 1:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43,74-80.

Decision rationale: The CA MTUS addressed the monitoring measures that are necessary during chronic opioid treatment. The guideline recommends urine drug testing for all new patients, during initiation of opioids, randomly at a frequency of 2 to 4 times / year and for 'cause' or red flag behavior suggestive of abuse or misuse. The record did not indicate the presence of any aberrant behaviors or red flags. The patient had not done any random UDS for at least two years. The criteria for certification for retrospective UDS done on 1/14/2014 was met.