MAXIMUS Federal Services

Case Number:	CM14-0027163		
Date Assigned:	06/13/2014	Date of Injury:	04/09/2001
Decision Date:	08/08/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/04/2014

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:

This is a 69-year-old male who sustained a remote industrial injury on 04/09/01 diagnosed with lumbago, degeneration of lumbar intervertebral disc, chronic pain syndrome, obesity, restless legs syndrome, and Diabetes. Mechanism of injury occurred while the patient was moving a large refrigerator unit and felt a popping sensation in his lower back, resulting in exquisite back pain. The request for Norco 10-325 mg #120, two refills was non-certified at utilization review due to the lack of severe objective physical examination findings that would indicate chronic opioid therapy is necessary and the patient has cardiac issues that could be complicated with the use of opioids. The request for Clonazepam 1 mg #30, two refills was also non-certified at utilization review due to the lack of support of long-term use by guidelines and the request for Urine toxicology screen (done in house) was non-certified at utilization review due to the lack of a clear rationale behind the need of a toxicology screen performed so soon after the previous screening. The most recent progress note provided is 04/09/14. Patient complained primarily of low back pain rated as a 5/10 with symptoms of numbness and tingling down the bilateral lower extremities. Patient uses Norco for pain relief and denies any ill side effects with medication use. The patient's pain and functionality is noted as the same. It is highlighted that the patient was treated for a pulmonary embolism in 2012. Physical exam findings reveal diminished hearing as the patient uses hearing aids; positive straight leg raise bilaterally; bilateral tenderness in the lumbar region; positive facet loading test bilaterally; and restricted and painful lumbar spine extension. Current medications include: Coumadin 8 mg once a day, Dexilant 60 mg once a day, Levothyroxine Sodium 75 mcg once a day, Loratadine 10 mg once a day, Diltiazem120 mg once a day, Metoprolol Succinate 50 mg one tablet twice a day, Metformin 1000 mg one tablet twice a day, Donepezil 10 mg once a day, Ramipril 10 mg once a day, Metaxalone 800 mg once a day, Clonazepam 1 mg once a day, and Norco 10-325 mg once as needed for pain. It is noted that the

patient has a Narcotic agreement signed, urine toxicology screenings are performed regularly, CURES reports are reviewed, and opioids allow the patient to maintain functionality. Provided documents include several previous progress reports that reveal previous prescriptions of Clonazepam and Norco dating back to over a year ago and urine drug screens that reveal consistent results. The patient's previous treatments include epidural steroid injections, physical therapy, massage therapy, acupuncture, and medications. Imaging reports are not provided but an MRI of the lumbar spine, performed on 08/04/01, is referenced as revealing multilevel degenerative disc disease and a small posterior central L3-4 and L5-S1 disc protrusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #120, two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: According to MTUS guidelines, on-going management of opioids consists of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the treating physician does not quantifiably document any functional improvement or pain relief with visual analogue scale scores pre- and post-opioid use. Rather, provided documentation notes that functionality is the same without elaboration. Furthermore, the frequency of the requested medication is not specified in this request and refills are requested even though the continued use of opioids requires continued documentation. Without the quantification of functional improvement and pain relief, the ongoing use of chronic opioids is not supported by MTUS guidelines in the current clinical setting with the patient's cardiovascular risks and therefore, the request of Norco 10-325mg #120, two refills is not medically necessary and appropriate.

Clonazepam 1mg #30, two refills: Upheld

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

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

Decision rationale: According to MTUS guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Given the patient's early date of injury of 2001, short-term use is not indicated to benefit the patient. Further, readily available non-habit forming alternatives exist and the patient has exceeded the recommended use of 4 weeks with provided documentation highlighting that this medication has been prescribed for at least one year. Lastly, the frequency of the requested medication is not

specified in this request and refills are requested even though this medication is only recommended for short-term use. Therefore, the request for Clonazepam 1mg #30, two refills is not medically necessary and appropriate.

Urine Toxicology Screen (done in house): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)- URINE DRUG TESTING.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing.

Decision rationale: California MTUS guidelines and ODG support urine drug screening/toxicology testing for patients undergoing chronic opioid therapy. According to ODG, Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Within this risk stratification, a patient is determined to be at low, moderate, or high risk. In this case, the treating physician does not thoroughly explain how the patient is at moderate/high risk for aberrant behavior, which would warrant frequent testing. Without this determination, a repeat urine drug screen is not supported so soon after prior testing that revealed consistent results. Therefore, the request for Urine Toxicology Screen (done in house) is not medically necessary and appropriate.