

Case Number:	CM14-0032995		
Date Assigned:	06/11/2014	Date of Injury:	07/18/2008
Decision Date:	09/12/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/14/2014

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 Internal 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 claimant is a 58 year old woman who suffered an industrial injury on 07/18/2008. She is currently in temporary total disability and is not working. She was diagnosed with lumbar disk and stenotic disease that was treated with L4-L5 and L5-S1 posterior body fusion on 2/8/2010. Subsequently, she has been seen by a general practice provider and treated with opiate therapy chronically (including oxycodone extended release 40 mg twice a day and Norco 10/325 mg four times a day). As of 1/10/2014, she was also on Amitriptyline 75 mg at night and Clonazepam 0.5 mg twice a day. The diagnosis of the provider on notation of 1/10/2014 included lumbar myofascial pain, intervertebral disc disease and lumbar radiculitis. The request for Norco 10/325 mg four times a day was non-certified during a peer review. The provider also requested urine drug screens done randomly approximately every quarter for the subsequent year. This request was also non-certified in the aforementioned peer review. The recommendation of the peer review report was to discontinue by weaning, any chronic opiate therapy. Further, the peer review report recommended that routine urine drug screening was not recommended in patients with low risk of opiate misuse. No evidence had been provided to the peer reviewer of any evidence of moderate or high risk of opiate misuse. No aberrant behaviors were noted in the clinical documentation. Of note, in the clinical documentation on 1/10/2014 and previously all the notations in 2013 were reviewed and did not include a comprehensive assessment of pain, nature of pain generators, psychological factors, assessment for aberrant behaviors, enumeration of benefit of individual modalities that the patient has experienced and consideration of alternatives.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE NORCO 10/325MG, #120 DOS: 1/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 799.

Decision rationale: On page 799, Chapter 10 of the ACOEM guidelines, which have been officially adopted by the CA MTUS, general principles of chronic pain management have been outlined. The document stresses a comprehensive assessment of pain with consideration of pain generators, psychological factors that may be pertinent to the patient's pain, enumeration and assessment of individual modalities applied to a particular patient, risk of aberrant behavior and consideration of alternative therapies. These points are repeatedly iterated, for instance on Pg 832 - 840. Such a comprehensive evaluation has not been undertaken per the documentation provided. On Pg 934, the guidelines explicitly recommend against the use of opioid medications in the management of chronic pain. Since the claimant in question has had pain for more than 3 months, she qualifies for the diagnosis of chronic non cancer pain (CNCP). Therefore, the guidelines apply directly to this claimant. In a very select group of patients, chronic opioids can be used cautiously. These groups include individuals who have had other modalities of treatment applied, with inadequate relief. An assessment of the risk of misuse is highly recommended based on high quality data / evidence. As such, the documentation provided fails to meet the recommendation standards that are inherent in the guidelines. Therefore, the prescription of Norco is not recommended as medically necessary.

RANDOM UDS (URINE DRUG SCREEN) QUARTERLY, TO BE DONE IN-HOUSE:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 935.

Decision rationale: Although urine drug testing is recommended per ACOEM guidelines (Pg 935, Chap 10) for patients on chronic opioid therapy, as indicated in the rationale for the other question addressed in this medical review, the prescription of opioids for chronic non-cancer pain is NOT recommended. It follows, therefore, that routine urine drug testing is not appropriate for this claimant. This request is not medically necessary.