

Case Number:	CM14-0035982		
Date Assigned:	06/23/2014	Date of Injury:	03/03/2010
Decision Date:	07/21/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 47 year old male who was injured on 3/3/10. He was diagnosed with degenerative disc disease of the lower back and low back pain with bilaterally lumbar radiculitis. He has since been experiencing chronic low back pain. Treatments for his pain have included extensive conservative treatments as well as epidural injections and facet joint block injections. He has remained on opioids and muscle relaxants chronically regardless of previous utilization reviews suggesting he should wean or stop them due to their lack of ability to improve function or significantly reduce pain. The worker attempted to return to work but with worsening of his pain he was recommended to not lift. Previous urine drug screens from 5/17/13 and 9/27/13 were negative for the prescribed opioid medications, and every few months prior to refills of the worker's medications, the urine drug screen has been recommended without other reasoning but to "minimize the potential for abuse" of the medications prescribed. The worker, however, does have a history of tobacco use and smokes occasionally, according to the notes. On 3/3/14 the worker was seen by his treating physician complaining of his usual level of lower back pain (7/10 on pain scale). He reported his then current medications "help" his pain (no quantifying levels to compare) which included Norco and Flexeril. A request for continuation of these medications and another urine drug screen was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Hydrocodone (Vicodin, Lortab) and Opioids. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), TWC 2014 Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids page(s) 78-80 Page(s): pp. 78-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there have been previous recommendations to discontinue opioids due to their lack of ability to improve the worker's overall pain level and function significantly. There was no documentation of quantifiable improvements in function or pain with its use to be able to believe otherwise. If there is benefit, documentation of such needs to be present to be able to consider it as medically necessary. Therefore request for Norco is not medically necessary.

Flexeril 10m #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants page(s) 63-66 Page(s): pp. 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The worker in this case has been using this category of medication for much longer than the recommended duration and has been previously recommended he discontinue it. No documentation found in the notes provided would suggest that he was significantly benefitting from this medication even if it were to be reconsidered. Therefore the Flexeril is not medically necessary.

Retro Urine Drug Screen (DOS: 03/03/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids). Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Pain Chapter: Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing page(s) 43, Opioids page(s) 77, 78, 86 Page(s): p. 43; pp. 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. The ongoing tobacco use fits within these criteria. Therefore, the urine drug screen is not medically necessary.