

Case Number:	CM14-0038209		
Date Assigned:	06/25/2014	Date of Injury:	09/19/2003
Decision Date:	07/28/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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 & Rehab, has a subspecialty in Pain Management 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 patient with a date of injury of 9/19/03. A utilization review determination dated 3/21/14 recommends non-certification of urine toxicology screening and FCE. Norco was modified from #150 to #120. 1/13/14 medical report identifies low back and left radicular pain 6-7/10 with medications and 10/10 without. It was rated 9/10 that day. 3/7/14 medical report identifies low back and left radicular pain 6-7/10 with medications and 10/10 without. It was rated 9/10 that day. There is left leg numbness and tingling. He occasionally stumbles due to leg/foot weakness. Medications are said to keep the patient functional and allow for increased mobility and tolerance of ADLs and home exercises, and no side effects are noted. On exam, there is paraspinal tenderness and limited range of movement, positive SLR on the left, abnormal toe and heel walking on the left, antalgic gait, and weakness in the left EHL and dorsiflexion at 3+/5 and 4+/5 respectively. Sensation is decreased in the left C6 and left L5-S1 distributions. Left ankle reflex is 1+, with other reflexes noted to be 2+. He cannot perform his usual and customary occupation, and we are unsure what his functional capacity is at this time." 5/9/14 medical report identifies that the urine drug screen performed on 3/7/14 was consistent with the use of Norco. Pain was reported at 6-7/10 with medication and 10/10 without, but it was rated at 9/10 that day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 76-79, 120 of 127 Page(s): Page 76-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is note that pain medication provides pain relief of 3-4 points on the VAS scale, but the pain is rated at only 9/10 at the time of each exam, only 1 point below the rating without medication. The noted examples of functional improvement are non-specific. Furthermore, there is no documentation of failure of medications specifically supported for neuropathic pain, such as AEDs, tricyclics, and/or SNRIs. Opioids should not be abruptly discontinued; but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.

Urine toxicology screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for urine toxicology screening, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider notes that the patient is taking pain medication, but there is no documentation of current risk stratification and the date and results of screening prior to the current request to identify the medical necessity of drug screening at the proposed frequency. In the absence of such documentation, the currently requested urine toxicology screening is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Chronic Pain Na
Low Back- Functional capacity evaluations (FCEs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty
Chapter, Functional Capacity Evaluation.

Decision rationale: Regarding request for functional capacity evaluation, CA MTUS and ACOEM state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that the criteria for the use of a functional capacity evaluation include case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, the provider notes that the patient has attempted to return to work, but cannot perform his usual and customary occupation. However, there is no documentation regarding the nature of that occupation or why the patient was unable to perform it. Furthermore, there is no indication that the patient is close to or at maximum medical improvement. In light of the above issues, the currently requested functional capacity evaluation is not medically necessary.