

Case Number:	CM14-0042415		
Date Assigned:	06/30/2014	Date of Injury:	01/17/2013
Decision Date:	09/11/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/09/2014

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 Practice 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:

A 45 year old male claimant sustained a work injury on 1/17/13 involving the left hip. He was diagnosed with chronic left hip pain and underwent ORIF of the left hip. A progress note on March 6, 2014 indicated the claimant had four out of 10 pain with medication and 9/10 without. Physical examination was unremarkable. In the past he had taken morphine, Percocet and NSAIDs for pain. Treating physician requested a saliva test for alcohol and POCT Urine Drug testing. Additionally he was continued on Norco, Lyrica and Motrin for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, are used for Neuropathic pain, headaches, osteoarthritis and nociceptive pain. It is really beneficial for mechanical or compressive etiologies. Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back

pain. There is no documentation to support that the claimant had failed pain relief with NSAIDs or Tylenol. The use of Norco is not medically necessary at this point.

Saliva Test For EtOH and POCT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 83-91.

Decision rationale: The guidelines do not specifically comment on saliva testing, however for alcohol testing, there is a test for more remote exposure, Ethyl Glucuronide (EtG). This metabolite can persist for up to 80 hours in the urine. Ethanol is found in many products, including some over-the-counter antitussives and many hand sanitizers, so a "false" positive test may occur without alcoholic beverage consumption. An approximate range to use as a "positive" for alcohol beverage use is greater than 1500 ng/ml. The test is not recommended to determine total abstinence. The specific need for saliva testing for ETOH can result in false outcomes and the clinical notes do not support medical necessity.