

Case Number:	CM14-0052167		
Date Assigned:	07/07/2014	Date of Injury:	06/24/2009
Decision Date:	08/06/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 Interventional Spine 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 patient is a 37 year old with an injury date on 6/24/90. Patient complains of mid-back pain rated 1-2/10, and aggravated with bending and some activities of daily living per 3/14/14 report. Patient is currently taking Norco, Zanaflex, Vimpat, and Micardis per 3/14/14 report. Based on the 3/14/14 progress report provided by [REDACTED] the diagnoses are: 1. s/p fall from ladder 2. multiple facial fractures 3. s/s of the C-spine 4. fractures of the L-spine 5. left rotator cuff tear 6. PTSD 7. seizures 8. left eye issues 9. left knee internal derangement 10. right knee internal derangement Exam on 3/14/14 showed tenderness to palpation in cervical paraspinals and trapezii. Slightly restricted range of motion of C-spine. Tenderness to palpation in lower L-spine. Normal range of motion of L-spine. University Spine and Orthopedics is requesting urine drug screen, retro: Norco 10/325mg #120 with 3 refills (prescribed 3/14/14). The utilization review determination being challenged is dated 3/21/14 and rejects urine drug screen due to the rejection of the concurrent Norco request. University Spine and Orthopedics is the requesting provider, and provided treatment reports from 10/14/13 to 4/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests).

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Steps to avoid opioid misuse, page 94-95, Drug Testing, page 43, and Non-MTUS Official Disability Guidelines (ODG)-TWC Guidelines, online, Pain chapter for Urine Drug Testing (<http://www.odg-twc.com/odgtwc/pain.htm#ProcedureSummary>).

Decision rationale: This patient presents with mid-back pain. The treating physician has asked for a urine drug screen on 3/14/14. Review of the report shows a prior urine drug screen on 10/14/13 which showed positive for hydrocodone, which patient was being prescribed. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. Patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with co-morbid psychiatric pathology. In this case, given the patient's opiate management requested urine drug screen appears reasonable and within MTUS guidelines for patient's condition. Therefore, the request for urine drug screening is medically necessary.

Retro: Norco 10/325mg #120 with 3 refills (prescribed 3/14/14): Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Criteria For Use Of Opioids, pages 76-78.

Decision rationale: This patient presents with mid-back pain. The treating physician has asked for retrospective: Norco 10/325mg #120 with 3 refills (prescribed 3/14/14) on 3/14/14. Patient has been taking Norco since at least 10/4/13. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side affects, and aberrant drug-seeking behavior. Review of the included reports do not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Norco. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request is not medically necessary.