

Case Number:	CM14-0069726		
Date Assigned:	07/14/2014	Date of Injury:	09/08/2004
Decision Date:	09/03/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/14/2014

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 Occupational 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 patient is a 57 year old male who was injured on 09/08/2004. The mechanism of injury is unknown. Urine toxicology screening report dated 08/2013 and 03/2014 revealed positive Morphine results. Progress report dated 04/16/2014 states the patient presented with complaints of chronic neck, back and shoulder pain. He stated he has a poor tolerance to prolonged standing, repetitive bending, stooping, activity above shoulder level, carry/lifting, push and pulling. On exam, patient ambulates with an assistive device. Range of motion of the shoulder revealed flexion to 90 degrees; straight leg raise to 35 which aggravates his low back pain with tight hamstrings. The patient is diagnosed with chronic pain, history of left shoulder surgery with adhesive capsulitis; right shoulder pain with impingement; multilevel degenerative neck pain and stenosis; multilevel lumbar degenerative disk disease and foraminal stenosis. He is recommended HELP program for consultation and comprehensive chronic pain management including possibility of detoxification and behavior therapy. Prior utilization review dated 04/23/2014 stated the request for 1 HELP program consultation and comprehensive chronic pain management including possibility of detoxification, behavior therapy is denied as previous methods have been unsuccessful; Norco 10/325mg #100, Urine drug screen is not certified; Norco 10/325mg #100 is modified to Norco 10/325 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 HELP program consultation and comprehensive chronic pain management including possibility of detoxification, behavior therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ; Chronic Pain Programs (Functional Restoration Programs), pages 30-4; Opioids, page(s) 76-96 Page(s): 30-34, 76-96. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page(s), 503.

Decision rationale: According to MTUS guidelines, criteria for chronic pain programs are as follows: "(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." In this case a request is made for a chronic pain program for a 57 year old male with chronic neck, back and shoulder pain. However, medical records do not demonstrate that the patient has motivation to change and is willing to forgo secondary gains. Further, negative predictors of success have not been adequately addressed. Specifically, the patient is dependent on high-dose opioids and has had several recent inconsistent urine drug screen results indicative of abuse and/or aberrant behavior. Medical necessity for a chronic pain program is not established at this time. The request is not medically necessary.

Norco 10/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids may be recommended for moderate to severe pain. Efficacy of long-term opioid use is not clearly established for chronic non-malignant pain but may be warranted if there is evidence of functional improvement. In this case Norco is requested for a 57 year old male with chronic neck, back, and shoulder pain. However, history and physical examination findings do not demonstrate clinically significant functional improvement, pain reduction or reduction in dependency on medical care from use of opioids. Further, urine drug screen results suggest opioid abuse and/or aberrant behavior. Medical necessity is not established. Therefore, the request is not medically necessary.

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing.

Decision rationale: According to MTUS and ODG guidelines, urine drug testing is recommended for patients taking opioids to monitor for medication compliance with the frequency of testing dependent upon risk of abuse or aberrant behavior. For high risk individuals, testing frequency may be as often as monthly. In this case a urine drug screen is requested for a patient who appears to be engaging in abuse and/or aberrant behavior. Several recent prior urine drug tests have been inconsistent with prescribed medications. The provider plans to terminate care in the event of another inconsistent test. Medical necessity for repeat urine drug screen is established. Therefore, the request is medically necessary.