

Case Number:	CM14-0071022		
Date Assigned:	07/14/2014	Date of Injury:	03/08/2002
Decision Date:	08/13/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 patient sustained an injury on 3/8/2002 while employed by [REDACTED]. Request(s) under consideration include Urine drug screen and Norco 10/325 mg #90. Diagnoses included lumbar radiculopathy/ herniated disc/ lumbar neuralgia/neuritis; myofascial syndrome; chronic pain syndrome; cervical sprain/strain; tension headaches; and chronic pain-related insomnia. Report of 3/25/14 from the provider noted the patient with neck pain; has been using a back brace that helped. Vitamin B12 shot has provided him energy for activities of daily living. Exam showed blood pressure of 128/90, vitals of 5'9", weight of 187 lbs, BMI of 28.2. Medications list Trepadone, Theramine, Vit D, topical compounds, Norco, Theramine. Treatment included UDS and medication refills. There was a recent urine drug screen dated 1/21/14 positive for Citaloprom and Hydrocodone and another performed on 3/12/14. Request(s) for Urine drug screen and Norco 10/325 mg #90 were non-certified on 4/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to Avoid Misuse and Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, and Opioids - Criteria for use and Ongoing Management Page(s): 43.

Decision rationale: This patient sustained an injury on 3/8/2002 while employed by [REDACTED]. Request(s) under consideration include Urine drug screen and Norco 10/325 mg. Diagnoses included lumbar radiculopathy/ herniated disc/ lumbar neuralgia/neuritis; myofascial syndrome; chronic pain syndrome; cervical sprain/strain; tension headaches; and chronic pain-related insomnia. Report of 3/25/14 from the provider noted the patient with neck pain; has been using a back brace that helped. Vitamin B12 shot has provided him energy for activities of daily living. Exam showed blood pressure of 128/90, vitals of 5'9", weight of 187 lbs, BMI of 28.2. Medications list Trepadone, Theramine, Vit D, topical compounds, Norco, Theramine. Treatment included UDS and medication refills. There was a recent urine drug screen dated 1/21/14 positive for Citaloprom and Hydrocodone and another performed on 3/12/14. Request(s) for Urine drug screen and Norco 10/325 mg were non-certified on 4/12/14 citing guidelines criteria and lack of medical necessity. Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic 2002 injury. Presented medical reports from the provider have unchanged chronic pain symptoms with unchanged clinical findings without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. Additionally, the patient has completed two recent UDS on 1/21/14 and 3/12/14 without any aberrant findings or behaviors to support for another. The Urine Drug Screen is not medically necessary and appropriate.

Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

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

Decision rationale: This patient sustained an injury on 3/8/2002 while employed by [REDACTED]. Request(s) under consideration include Urine drug screen and Norco 10/325 mg. Diagnoses included lumbar radiculopathy/ herniated disc/ lumbar neuralgia/neuritis; myofascial syndrome; chronic pain syndrome; cervical sprain/strain; tension headaches; and chronic pain-related insomnia. Report of 3/25/14 from the provider noted the patient with neck pain; has been using a back brace that helped. Vitamin B12 shot has provided him energy for activities of daily living. Exam showed blood pressure of 128/90, vitals of 5'9", weight of 187 lbs, BMI of 28.2. Medications list Trepadone, Theramine, Vit D, topical compounds, Norco, Theramine. Treatment included UDS and medication refills. There was a recent urine drug screen dated

1/21/14 positive for Citaloprom and Hydrocodone and another performed on 3/12/14. Request(s) for Urine drug screen and Norco 10/325 mg were non-certified on 4/12/14 citing guidelines criteria and lack of medical necessity. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent pain for this 2002 injury. The Norco 10/325 mg #90 is not medically necessary and appropriate.