

Case Number:	CM14-0078635		
Date Assigned:	07/18/2014	Date of Injury:	05/10/2012
Decision Date:	09/24/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/29/2014

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 Internal 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 injured worker is a 57 year old female who sustained work related injuries on 05/10/12. The injured worker was bent over to pick up trash. When she straightened up, struck her head on an object in the casino. The injured worker is reported to have sustained head, neck and back injuries. The injured worker has continued complaints of both cervical and lumbar spine pain. Past surgical history includes a right lateral epicondylectomy in 1999. The injured worker is status post anterior cervical dissection fusion at C4-5 and C5-6 on 03/09. Per the most recent clinical notes there is a report of a pseudoarthrosis at C6-7. The injured worker has largely been maintained on oral medications and current medication profile includes Gabapentin, Norco 10 325, and Laxacin 8.6/200mg. Her pain levels without medications were 8-9/10 and with medications 4-5/10. The injured worker was started on gabapentin which resulted in a 50% improvement in her neuropathic pain. Per physical examination dated 06/17/14 the injured worker has decreased cervical range of motion, 2+ cervical myospasm, 5/5 strength in the upper extremities, hypesthesia on the left in a C6 and C7 dermatome, upper extremities reflexes were absent bilaterally. On examination of the lumbar spine there is decreased lumbar range of motion and tenderness, decreased motor strength in bilateral lower extremities, sensation was decreased in right L5 distribution and the right Achilles reflex was absent. A utilization review determination dated 05/13/14 non-certified the request for Norco 10 325mg #60, Laxacin 8.6/200mg #90, and urine drug screen once every quarter four times a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Norco 10/325mg #60 is recommended as medically necessary. The submitted clinical records indicate that the injured worker has chronic pain associated with her injuries and has active lumbar radiculopathy. The record contains no information suggestive of diversion or abuse. The record reflects that the injured worker was compliant with her treatment program. The injured worker received substantive benefit from Norco 10/325mg for breakthrough pain. Based on the clinical information provided the medical necessity for continuation of Norco 10/325mg is established.

Laxacin 8.6/200 mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain - constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Constipation.

Decision rationale: The request for Laxacin 8.6/200mg #90 is recommended as medically necessary. Records indicate that the injured worker is chronically maintained on opiate medications for neuropathic and nociceptive pain. Chronic use of opiates results in constipation for which this medication would be clinically indicated. As such, medical necessity has been established.

Urine Drug Screen Once Every Quarter 4x's a Year: Overturned

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 Opioids for chronic pain Page(s): 80-82.

Decision rationale: The request for urine drug screen once every quarter four times a year is recommended as medically necessary. The submitted clinical records indicate that the injured worker is chronically maintained on opiate medications. Per California Medical Treatment Utilization Schedule the performance of routine urine drug screens is recommended to assess compliance with the treatment plan and to ensure the absence of illicit drugs. Given that the

injured worker will chronically be maintained on opiate medications the request for up to four urine drug screens per year is supported as medically necessary.