

Case Number:	CM14-0086941		
Date Assigned:	07/23/2014	Date of Injury:	10/02/2006
Decision Date:	09/22/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/10/2014

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 & 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:

The injured worker is a 42-year-old female with a reported injury on 10/02/2006. The mechanism of injury was not provided. The diagnoses consisted of herniated nucleus pulposus of the cervical spine and status post ACDF. The injured worker has had a request for previous treatments of physical therapy, massage therapy, and the use of a TENS unit, however, there is a lack of evidence of whether those requests were approved and if she had received any of those previous treatments. The injured worker has had an examination on 05/22/2014 with complaints of persistent flare-ups of pain in her neck region. She rated her pain at a level of 4/10 to 5/10 and stated that she experienced numbness radiating from her neck and into her left upper extremity and left forearm. She reported that her neck is exacerbated with the performance of her activities of daily living. Upon examination, it was noted that there was tenderness over the posterior cervical paraspinal and upper trapezius musculature with muscle spasms and myofascial trigger points were noted. Her cervical range of motion was normal at flexion, and did show 55 degrees with extension, which was a deficit and lateral rotation showed 70 degrees bilaterally. The medication that was listed was Norco. The efficacy of that medication was not provided. The recommended plan of treatment was for her to have a prescription of the Norco and a urine drug screen test. The request for authorization was signed and dated for the Norco on 01/15/2014. There was not a clinical examination note to consider for that date of the request. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 3 refills: 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): 78-80.

Decision rationale: The California MTUS Guidelines recommend for ongoing monitoring of opioids for there to be documentation to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug-related behaviors. The guidelines also recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. There was a lack of documentation of efficacy of the medication. The side effects were not assessed. There was a lack of documentation of physical and psychosocial functioning deficits and/or improvements. There was not a urine drug screen test provided to monitor for aberrant or non-adherent drug-related behaviors. It is known that the injured worker has been on this medication at least since 12/2013. There is no documentation or evidence that the injured worker has had a consultation with a multidisciplinary pain clinic due to the use of her opioids beyond 3 months. There is a lack of evidence to support the medical necessity of the medication and of the 120 pills with 3 refills without further evaluation and assessment. The clinical information failed to meet the evidence-based guidelines for the request. Therefore, the request for Norco 10/325 mg #120 with 3 refills is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The California MTUS Guidelines do request drug screening for patient treatment with issues of abuse, addiction, or poor pain control. There was a lack of documentation and no evidence of abuse or addiction. The efficacy of her pain medication is not provided. Furthermore, the request for the opioid was not medically necessary. Therefore, there is not a medical necessity for the urine drug screen test. Therefore, the request for the urine drug screen test is not medically necessary.