

Case Number:	CM14-0097149		
Date Assigned:	07/28/2014	Date of Injury:	05/31/2012
Decision Date:	09/09/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/25/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old male who reported an injury on 05/31/2012. The mechanism of injury was not provided within the documentation for review. His diagnosis was noted to be lumbosacral neuritis. Prior treatments were noted to be physical therapy, injection therapy and chiropractic treatments. The injured worker was noted to have subjective complaints of low back pain. The objective physical exam findings noted lumbar facet loading maneuvers were positive in the L4, L5, and S1 areas. There was pain with palpation and trigger points noted in the quadratus lumborum and gluteus medius muscles bilaterally. The injured worker was unable to do toe or heel walking. The injured worker was noted have medication therapy including Percocet and gabapentin. The treatment plan was for Norco and a follow-up appointment in 2 months. The provider's rationale for the request was not provided within the review. A Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009) Opioids.

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

Decision rationale: The request for 1 prescription of Norco 10/325 mg quantity 90 with 3 refills is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Documentation submitted for review on 04/23/2014 indicates the injured worker with ongoing use of opiates. The clinical evaluation fails to provide an adequate pain assessment. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition to an inadequate pain assessment for ongoing opioid therapy, the provider's request fails to indicate a drug frequency. As such, the request for 1 prescription of Norco 10/325 mg quantity 90 with 3 refills is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009) Substance Abuse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for 1 urine drug screen is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or presence of illegal drugs. It is noted on 04/23/2014 that the injured worker had a urine drug screen. Another urine drug screen is not medically necessary. Therefore, the request for another urine drug screen is not medically necessary.