MAXIMUS Federal Services

Case Number:	CM14-0126338		
Date Assigned:	08/13/2014	Date of Injury:	12/27/2002
Decision Date:	07/13/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 57-year-old male who sustained an industrial injury to the spine and left shoulder on 12/27/2002. Diagnoses include chronic daily intractable headaches-posttraumatic as well as cervicogenic; chronic myofascial pain syndrome-cervical and thoracolumbar spine; and mild bilateral carpal tunnel syndrome and mild ulnar nerve entrapment at both elbows. Treatment to date has included medications, chiropractic treatment, epidural steroid injections and physical therapy. According to the PR2 dated 5/12/14 the IW reported frequent headaches and constant intractable upper and lower back pain with relief from his medication. He also complained of frequent episodes of dizziness and feelings of depression. On examination, range of motion of the cervical and lumbar spine was slightly too moderately restricted in all planes. Multiple trigger points were noted throughout the cervical, thoracic and lumbar paraspinal muscles, as well as the levator scapulae, scalene, infraspinatus, and gluteal muscles. Electrodiagnostic testing dated 3/31/14 reported findings consistent with mild bilateral carpal tunnel syndrome and ulnar nerve entrapment at both elbows. Medications included Norco, Elavil and Flexeril. The records reflected the IW was taking Norco in June of 2011. A request was made for Norco 10/325mg, #150 for pain and 1 urine drug screen to assess medication compliance and diagnose aberrant drug-related behaviors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines: Opioids.

Decision rationale: According to MTUS and ODG, Norco 10/325mg (Hydrocodone/ Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates (steps to avoid misuse/addiction).

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

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the claimant is undergoing weaning from opiate therapy (Norco). There is no specific indication for the requested urine drug screen. Medical necessity for the requested test has not been established. The requested test is not medically necessary.