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| Case Number: | CM14-0130720 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 12/01/2012 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 08/15/2014 |

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 12/1/12. A utilization review determination dated 8/6/14 recommends non-certification of UDS and modification of Norco. 6/20/14 medical report identifies low back pain radiating to the LLE with numbness and tingling. Pain is 3-4/10 with medication and 8/10 without. There are no side effects. It allows the patient to walk longer and improves sleep. UTOX negative in May because patient was out of medication, next UTOX should be positive. On exam, there is limited ROM, positive SLR right, tenderness, positive patellar grinding, McMurray's on right, and medial joint line tenderness with antalgic gait. Recommendations include Norco and a qualitative drug screen. UDS was also administered in April 2014. On 3/24/14, UDS was positive for hydrocodone, but negative for cyclobenzaprine, which was inconsistent. Marijuana was also detected. UDS was done on 12/17/13. 11/11/13 UDS was inconsistent with cyclobenzaprine not detected. Hydrocodone was detected and was consistent. UDS was administered on 10/10/13. UDS was administered on 9/12/13 and was consistent with hydrocodone. Cyclobenzaprine was listed as prescribed, but it does not appear that it was tested on that date. 8/8/13 UDS was administered. Norco has increased from #60 on 9/12/13 to #105 as of the current request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 105: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider reports improved function and pain, yet the quantity of medication prescribed has consistently increased over time. Additionally, the provider has done many urine drug screens with multiple inconsistencies of various medications/drugs, but the only explanation for the inconsistencies has been that the patient ran out of medication on one occasion. Given that the significant increase in medication use is not consistent with the benefit as reported and the presence of multiple inconsistent drug screens, there is no clear indication for ongoing use of opioids. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.

1 Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

Decision rationale: Regarding the request for a urine drug screen, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider has done urine drug screens on an almost monthly basis, with many of them reporting inconsistencies. However, there has been no significant change in the treatment plan (with the exception of a marked increase in opioid use) because of these inconsistencies and there has only been an explanation for an inconsistency on one occasion, with the provider noting that the patient ran out of the opioid. Given that the inconsistent results of the frequent urine drug screens do not appear to alter the treatment plan appropriately, there is no clear indication for ongoing testing. Furthermore, the opioid is not medically necessary. In light of the above issues, the currently requested urine drug screen is not medically necessary.

