

Case Number:	CM14-0187702		
Date Assigned:	11/18/2014	Date of Injury:	08/07/1997
Decision Date:	01/06/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/11/2014

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:

Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated October 8, 2014, the IW increased right knee pain. She also complains of daily bilateral hip- aggravation. Her bilateral shoulder pain comes and goes and is aggravated by lifting. She is taking Norco up to 2 per day for severe pain. She is also taking Robaxin up to 2 per day for acute muscle spasms. She denies any side effects from the medications. The medications help with ambulation and reports that without medication, she requires the use of a walker. The IW is not working, as she is retired and denies any new accidents or injuries. Objective physical examination revealed tenderness over the medial aspect of the knees bilaterally. There are no obvious effusions noted. There is also tenderness over the right trochanteric bursa. There is tenderness noted in the lumbar spine. The IW has been diagnosed with bilateral knee chondromalacia patella, right greater than left with osteochondral lesion in the femoral trochlea; right hip greater trochanteric bursitis secondary to abnormal gait due to bilateral knee injury; left knee posterior horn medial meniscal tear; and right and left shoulder rotator cuff tear (not accepted body parts by the carrier). The treatment plan includes pain management consultation, Norco 7.5/325mg, Robaxin 750mg, and a urine drug screen to monitor medication compliance. The oldest documentation in the medical record dated April 2, 2014, indicates the IW was taking Norco, and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), Urine Drug Screen

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Testing

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug testing is not medically necessary. The guidelines recommend urine drug testing as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. It should be used in conjunction with clinical information when decisions are made to continue, adjust or discontinue treatment. In this case, the treating physician documents the urine drug test is to monitor medication compliance. There is no documentation in the medical record supporting whether the injured worker is a low risk, intermediate or high risk patient. This would impact the frequency with which urine drug testing is permitted. There were no prior urine drug tests in the medical record and no documentation indicating risk for drug misuse/abuse. Consequently, urine drug testing is not clinically indicated because the documentation does not support the urine drug test. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, urine drug testing is not medically necessary.

Norco 10/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-96.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the original date of injury was June 24, 1990 (approximately 24 years prior). The oldest documentation shows Norco has been used by the injured worker since April 2014. It is unclear for how many years the injured worker has been using the opiate Norco. The documentation does not contain detailed pain assessments and consequently, Norco 10/325#60 is not medically necessary.

Robaxin 750 MG #90 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Robaxin 750 mg #90 with one refill is not medically necessary. The guidelines recommend non-sedating muscle relaxants as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the original date of injury was June 24, 1990 (approximately 24 years prior). The oldest documentation in the medical record shows Robaxin was prescribed April 2014, well in excess of 2 weeks without appropriate supporting documentation. However, it is unclear how many years prior to that documentation the injured worker has been taking a muscle relaxant similar to or identical to Robaxin. Consequently, Robaxin 750 mg #90 with one refill is not medically necessary.