

Case Number:	CM14-0190982		
Date Assigned:	11/25/2014	Date of Injury:	01/17/2007
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/17/2014

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 Interventional Spine 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 patient is a 59-year-old male with a date of injury of 01/17/2007. The listed diagnoses are lumbar discogenic disease, lumbar facet syndrome/lumbar radiculitis and long term medications. According to progress report dated 10/01/2014, the patient complains of increasing low back pain that is accompanied by frequent spasms on both sides of the lower back. The patient has been able to do some part time work in the recent past which has become very difficult with the worsening pain symptoms. As a result, he has given up his part time job. The pain level has increased from 5-6/10 to 6-9/10 on a numerical scale. Examination revealed motor functions of the lower extremities -5/5 and reflexes 2+. Range of motion of the lumbar spine in AP and lateral plane is reduced to approximately 60 degrees of normal with pain. There is tenderness along the zygapophyseal joints of the lumbar spine on both sides. The patient was given a prescription for Norco 10/325 mg and Soma. The patient was administered a random urine drug screen on this date. This is a request for a refill of Norco and urine drug screen. The utilization review denied the request on 10/15/2014. Treatment reports from 03/27/2014 through 10/29/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #130: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 78.

Decision rationale: This patient presents with increased low back pain that is accompanied by frequent spasms on both sides of the lower back. The current request is for Norco 10/325 mg #130. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing Norco since at least 01/08/2014. Progress report from 04/02/2014 noted that the patient has noticed a difference in pain levels due to recent bilateral radiofrequency lesion. The patient reported pain level decreased from 8/10 to 4/10 with the procedure. The patient was given a refill of Norco on this date, but there was no discussion regarding medication efficacy. Report 06/04/2014 noted "his pain is stable at present time with medications and interventional therapy including radiofrequency." Report 10/01/2014 states patient's pain level has increased from 5-6/10 to 6-9/10. The patient was administered a UDS and CURES report was reviewed on 10/1/14. The patient's work status is not provided in the medical file. In this case, recommendation for further use of Norco cannot be supported as the physician provides no discussion regarding change in work status to show significant functional improvement, or increase in ADLs with utilizing long term Norco. The physician indicates that urine drug screen was provided and a CURES report was reviewed, but there is no discussion regarding possible adverse side effects, as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Norco is not medically necessary and recommendation is for slow weaning per the the MTUS Guidelines.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine drug testing (UDT)

Decision rationale: This patient presents with increase in low back pain that is accompanied by frequent spasms on both sides of the lower back. The current request is for urine drug screen. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. ODG recommends one yearly urine drug screen following the initial screening with the first 6 months for management of chronic opiate use and low-risk patients. Review of the medical file indicates

the patient was administered a urine drug screen on 04/02/2014, with no other risk screenings provided. ODG states once yearly screening should be sufficient in low-risk patients, and it should be done on a random basis. In this case, the treating physician has not documented any red flags for drug abuse that requires frequent drug screening and the patient had previously had a urine drug screen in 2014. The requested UDS is not medically necessary.