

Case Number:	CM14-0196307		
Date Assigned:	12/04/2014	Date of Injury:	12/09/2012
Decision Date:	01/15/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 55-year-old male with a 12/9/12 date of injury. At the time (10/27/14) of request for authorization for Norco 10/325mg #60 DOS 10/07/14, Venlafaxine 75mg #90 DOS 10/07/14, and urine drug screen with alcohol DOS 10/07/14, there is documentation of subjective (low back and left leg pain) and objective (antalgia gait, 5-/5 muscle strength in the left lower extremity, diminished sensation in the left lower leg and foot in the lateral aspect, tenderness over the paraspinals bilaterally, and positive straight leg raise on the left) findings, current diagnoses (low back pain, lumbar radiculitis, muscle pain, numbness, and lumbar degenerative disc disease), and treatment to date (epidural injections and medications including Norco (since at least 5/14) and Venlafaxine (since at least 7/14)). 10/7/14 medical report identifies that the medications are helpful and well tolerated, including MSContin, gabapentin, and ibuprofen; and that an opioid agreement has been signed. Regarding the requested Norco 10/325mg #60 DOS 10/07/14 and Venlafaxine 75mg #90 DOS 10/07/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Norco and Venlafaxine use to date. Regarding the requested urine drug screen with alcohol DOS 10/07/14, there is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 DOS 10/07/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar radiculitis, muscle pain, numbness, and lumbar degenerative disc disease. In addition, given documentation that an opioid agreement has been signed, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given medical records reflecting prescription for Norco since at least 5/14, and despite documentation that the medications are helpful and well tolerated, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #60 DOS 10/07/14 is not medically necessary.

Venlafaxine 75mg #90 DOS 10/07/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 and 14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support

the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar radiculitis, muscle pain, numbness, and lumbar degenerative disc disease. In addition, there is documentation of chronic pain. However, given medical records reflecting prescription for Venlafaxine since at least 7/14, and despite documentation that the medications are helpful and well tolerated, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Venlafaxine use to date. Therefore, based on guidelines and a review of the evidence, the request for Venlafaxine 75mg #90 DOS 10/07/14 is not medically necessary.

Urine Drug Screen with Alcohol DOS 10/07/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary; and <http://labsonline.org/understanding.analytes/ethanol/tab/sample>

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar radiculitis, muscle pain, numbness, and lumbar degenerative disc disease. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for urine drug screen with alcohol DOS 10/07/14 is not medically necessary.