

Case Number:	CM14-0198326		
Date Assigned:	12/08/2014	Date of Injury:	10/23/2008
Decision Date:	02/10/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/25/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 23, 2008. In a Utilization Review Report dated October 20, 2014, the claims administrator denied request for Norco and quarterly drug testing. The claims administrator referenced September 18, 2014 progress note in its determination. The claims administrator stated that the applicant had undergone earlier lumbar spine surgery and was using Butrans patches and Norco. The applicant's attorney subsequently appealed. In a June 17, 2014 progress note, the applicant reported persistent complaints of low back pain status post earlier multilevel lumbar fusion surgery in 2010. The applicant stated that his pain complaints were exacerbated by standing, walking, and bending. The applicant was unable to work. The applicant's pain complaints are moderate to severe, it was acknowledged. Diminished lower extremity strength was noted. The applicant was given a diagnosis of failed back syndrome. MRI imaging and Neurontin were endorsed. In a September 18, 2014 progress note, the applicant reported persistent complaints of low back pain status post earlier lumbar fusion surgery. Norco was refilled, without any explicit discussion of medication efficacy. The applicant was asked to discontinue Butrans patches. Quarterly laboratory testing, including quarterly urine drug testing, were endorsed. A pain management consultation was also endorsed. 8/10 pain was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has seemingly not worked in many years. A spine surgery consultation dated June 17, 2014 suggested that the applicant was unable to work and was having difficulty performing activities of daily living as basic as sitting, standing, and walking. The applicant reported pain complaints as high as 8/10 on September 18, 2014, despite ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of Norco. Therefore, the request is not medically necessary.

Quarterly POC urine drug screens: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. The ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, should clearly state when an applicant was last tested, should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and should clearly identify which drug tests and/or drug panels he intends to test for. Here, however, the attending provider did not clearly state what drug tests or drug panels were being tested for. The attending provider did not state when the applicant was last tested. The attending provider did not signal his intention to eschew quantitative and/or confirmatory testing. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.