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| Case Number: | CM14-0198401 | | |
| Date Assigned: | 12/08/2014 | Date of Injury: | 07/10/2008 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 11/08/2014 |
| 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 Physical Medicine Rehab, 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 47 year old male with an injury date on 07/10/2006. Based on the 10/30/2014 progress report provided by the treating physician, the diagnoses are: 1. DDD-Lumbosacral region 2. Herniation-Lumbar disc 3. Lumbago 4. Chronic pain syndrome 5. Displacement of Intervertebral Disc-site unspecified, without myelopathy 6. Radicular syndrome (thoracic/lumbosacral) 7. Spinal stenosis of lumbar region 8. Degeneration of Intervertebral Disc-site unspecified 9. Schmorles nodes, lumbar region 10. Depression 11. Overweight. According to this report, the patient complains of constant low back pain and right lower extremity with numbness and tingling. Pain of the low back is a 4/10. The patient states "Standing and activity aggravates the pain" and lying down alleviate the pain. Tender to palpation is noted over the sacral spine. Straight leg raise test is positive. Decrease sensation to light touch is noted at the right L4-L5 dermatomes. The 10/02/2014 report indicates the patient "denies at changes in his symptoms at this time." Pain is a 4/10 on the pain scale. The 09/02/2014 report indicates the patient has been treated with L4-L5 TFE on 05/16/2014 with 60 to 70 % relief from the injection. The treatment plan is to refill medication. There were no other significant findings noted on this report. The utilization review denied the request for Urine Drug Screen and Norco 10/325 MG #90 on 11/08/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 06/03/2014 to 11/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen (UDS) Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Urine Drug Testing.

Decision rationale: According to the 10/30/2014 report, this patient presents with constant low back pain and right lower extremity with numbness and tingling. The current request is for Urine Drug Screen. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Per the 10/30/2014 report, the treating physician states "Urine drug screen was obtained today for safe opiate monitoring." Results were consistent with compliance: no drugs of abuses. In this case, the available medical records indicate the patient has not had any recent UDS's prior to the 10/30/2014 report. The patient is also noted to be on Norco (an opiate) as indicated on 06/03/2014 report. ODG Guidelines support UDS for management of chronic opiate use in low risk patient. The current request is medically necessary.

Norco 10/325 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, and Criteria for Use of Opioids Page(s): 60-61, 88-89, 76, 78.

Decision rationale: According to the 10/30/2014 report, this patient presents with constant low back pain and right lower extremity with numbness and tingling. The current request is for Norco 10/325 MG #90. This medication was first mentioned in the 06/03/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 4A's (analgesia, activities of daily living (ADLs), adverse side effects, and aberrant 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. Per treating physician, the patient "notes a reduction of 50% of pain reduction with the medications" and denies side effects. "He is able to perform his daily activities with less pain" and "currently doing home exercise with benefit." The patient understands the "4 A's" and is in compliance and agrees to continue to comply." Recent UDS results were consistent with compliance: no drugs of abuses. In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the request is medically necessary.

