MAXIMUS Federal Services

Case Number:	CM14-0199973		
Date Assigned:	12/10/2014	Date of Injury:	05/09/2003
Decision Date:	01/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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 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 claimant is a 61-year-old male who sustained a work related injury on 5-9-03. The attending physician report dated 11/4/14 (239) indicates the claimant has chronic, severe low back pain. The records note that he failed a back surgery in 2012. The records indicate increasing lower back pain since his last visit and complained of low back and bilateral hip pain. His pain level on average is rated 7/10 without medication and 5/10 with medication. Exam findings noted decreased lumbar range of motion, trigger points in the right lower lumbar paraspinals adjacent to the L4 level. Positive SLR was noted bilaterally. The current diagnoses are:1. Lumbago2. Lumbosacral neuritis/radiculitis3. Post-laminectomy syndromeThe UR report dated 11/13/14 denied the request for Norco 10/325mg #180, and urine drug testing based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-79.

Decision rationale: The patient presents with chronic, severe low back pain with bilateral radiculopathy. The request is for Norco 10/325mg #180. The California MTUS states the criteria for continued use of Opioids include: "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period from last assessment, average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of lift. The 4A's for ongoing monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychological functioning, and occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, the documents support that the claimant's pain is reduced from 7/10 to 5/10 with his medications. However, there is no documentation of functional improvement with opioid usage and there is no discussion indicating any adverse side effects or aberrant drug behaviors. The MTUS requires much more thorough documentation for continued opioid usage. Recommendation is that the request is not medically necessary.

Urine drug testing: Upheld

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

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

Decision rationale: The claimant presents with chronic, severe lower back pain. The current request is for Urine drug testing. Records indicate urine drug screens were prescribed on both 12/4/13 and again on 5/23/14, both of which showed no inconsistencies. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users; ODG Guidelines provide a 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. Review of the records shows the urine drug screen is consistent. There were no discussions regarding the patient's adverse behavior with opiates use. The treating physician does not explain why another UDS is needed. There is no discussion regarding this patient' opiate use risk. Furthermore, ODG guidelines states "Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity." Without opiate use risk assessment, once yearly on random basis is all that is recommended per ODG. The request is not medically necessary.