

Case Number:	CM14-0201294		
Date Assigned:	12/11/2014	Date of Injury:	03/03/2000
Decision Date:	01/30/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/02/2014

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 March 3, 2000. In a Utilization Review Report dated November 21, 2014, the claims administrator partially approved a request for Norco and denied a urine drug screen. The claims administrator referenced a November 12, 2014 progress note in its determination. The claims administrator noted that the applicant was status post earlier single-level lumbar spine surgery. The applicant's attorney subsequently appealed. On June 4, 2014, the applicant reported persistent complaints of low back pain status post earlier failed lumbar fusion surgery. The attending provider stated that the applicant's pain medications were beneficial. The applicant was given a refill of Norco. The applicant stated that her pain scores were 8/10 without medications versus 3/10 with medications. The applicant posited that her ability to bathe, dress, clean, and perform grocery shopping had all been ameliorated as a result of medication consumption. The applicant's work status was not clearly outlined. On December 12, 2014, the applicant reported persistent complaints of low back pain, exacerbated by bending, standing, walking, and/or squatting. Urine drug testing was performed. Norco was refilled. The applicant's work status, once again, was not clearly outlined. On November 12, 2014, the applicant was again given a refill of Norco. The attending provider again stated that the applicant's pain scores were reduced from 8/10 without medications to 2-3/10 with medications. There was some radiation of pain to the legs. Drug testing was performed on this occasion as well. On September 10, 2014, the applicant was again given a refill of Norco. The applicant stated in one section of the note that the medications were beneficial while another section of the note stated that the applicant had developed insomnia secondary to pain. Norco and Lunesta were endorsed. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working. On October 15, 2014, the applicant

reported persistent complaints of low back pain, chronic pain and severe, it was stated in one section of the note. In another section of the note, the applicant posited that her pain scores were reduced from 8-9/10 without medications to 4/10 with medications. The attending provider acknowledged that the applicant was not working, but stated that this was a function of choice owing to the applicant's having small children at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. 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. Here, however, the applicant was/is off of work, although it is acknowledged that this may very well be a function of choice as opposed to a function of the applicant's chronic pain complaints. While the attending provider has outlined some reduction in pain scores on certain occasions with medication consumption, these comments are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any material improvements in function achieved as a result of ongoing medication consumption, including ongoing Norco consumption. The attending provider also reported, somewhat incongruously, on several occasions, referenced above, including on October 15, 2014, that the applicant's pain complaints were constant and severe. The attending provider's comments on December 10, 2014, furthermore, suggested that the applicant was having difficulty performing activities of daily living as basic as standing, walking, bending, and squatting. All of the foregoing, taken together, suggests a lack of material or substantive benefit achieved as a result of ongoing opioid therapy. Therefore, the request is not medically necessary.

Urine drug screen: Upheld

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 Drug Testing topic. Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

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. As

noted in ODG's Chronic Pain Chapter, Urine Drug Test topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, attach an applicant's complete medication list to the Request for Authorization for testing, and eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context. Here, however, the attending provider did not clearly state which drug tests and/or drug panels he intended to test for. The attending provider made no attempt to categorize the applicant into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. The attending provider did not attach the applicant's complete medication list to the Request for Authorization for testing. The attending provider did not clearly state when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.