

Case Number:	CM14-0202995		
Date Assigned:	12/15/2014	Date of Injury:	10/12/2000
Decision Date:	02/05/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/04/2014

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 44 year old male with the injury date of 10/12/11. Per physician's report 08/21/14, the patient has low back pain, radiating down his legs bilaterally, at 7/10. "Gabapentin helps him significantly for burning and fire ants biting type of pain. Hydrocodone helps for constant throbbing and achy type pain. He denies having adverse effects associated with combination of current medications. Methadone works well for throbbing and stabbing type of pain." The patient is currently taking Hydrocodone and Gabapentin, Methadone and Cyclobenzaprine. The patient returns to modified work until 09/30/14 with restrictions. The lists of diagnoses are:1) Left sacroiliitis2) Myofascial pain3) Chronic low back pain4) S/P discectomy at L4-55) Left L4-5 transverse facet lumbar fusion6) Depression secondary to chronic low back pain7) Reflux secondary to pain8) Rule out right lumbar radiculopathy9) Insomnia secondary to chronic painPer 07/08/14 progress report, the patient has chronic low back pain at 8/10. Medications allow him to increase his activity level. "Cyclobenzaprine is helping with muscle spasms and he gets through the day. "The treater requested "random urine drug screens for the next twelve months to help him, continue with his pain management contract and monitor his opioid medication use."The utilization review determination being challenged is dated on 11/20/14. Treatment reports were provided from 04/04/13 to 08/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Criteria for Use Section.

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

Decision rationale: The patient presents with pain and weakness in his lower back and legs bilaterally. The request is for Norco 10/325mg #120. The utilization review letter 11/20/14 indicates that the patient has been utilizing Norco and other opioid medication such as Methadone since at least 03/15/13. Regarding chronic opiate use, MTUS guidelines page 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, ADLs, adverse side effects, and adverse 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. The review of the reports does not show any discussion specific to this medication. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed. No UDS's or CURES are provided as part of opiate management. There are no before and after pain scales required by the MTUS. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Norco #120 is not medically necessary.

Four random drug screens per year: 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 Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine drug testing (UDT).

Decision rationale: The patient presents with pain and weakness in his lower back and legs bilaterally. The request is for 4 random urine drug screens per year. The patient has been utilizing Norco and Methadone. MTUS guidelines page 43 and page 77 recommend toxicology exam as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening (UDS) should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, 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. There is no opiate risk assessment provided to show that this patient is a high risk opiate user. The request is not medically necessary.

