

Case Number:	CM15-0107851		
Date Assigned:	06/12/2015	Date of Injury:	07/10/1991
Decision Date:	09/24/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/03/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 64 year old male, who sustained an industrial injury on 7-10-1991. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic low back pain, status post lumbar laminectomy, lumbosacral radiculopathy, and insomnia secondary to pain. Treatment to date has included diagnostics, lumbar spinal surgery in 1990's, hernia surgery x3, and medications. Currently, the injured worker complains of continued low back and left lower extremity pain, rated 9 out of 10. He was documented as doing very well on current medication, which allowed him to slightly increase his activity level. He was on these medications for several years and had decreased the amount of medication he was using (unspecified). He continued to see a physician regarding stress, anxiety, and depression. Medication use included MC Contin, Norco, Nabumetone, Omeprazole, Sennosides, and Topiramate. The treatment plan included refill of MS Contin and Norco, along with random urine drug screening (up to four times per year). Work status remained modified and /or unchanged. Previous urine toxicology was not noted. The use of MS Contin and Norco was consistent since at least 1-2015. No significant changes in pain levels were documented, noting pain ratings 7-8 out of 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screens (4 random): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction; Substance abuse (tolerance, dependence, addiction); Page(s): 94-95, 109.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided to support for testing 4 times per year. The Urine drug screens (4 random) are not medically necessary and appropriate.

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Weaning of Medications Page(s): 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or improved functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 1991 injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Norco 10/325mg, #90 is not medically necessary and appropriate.

