

Case Number:	CM15-0108186		
Date Assigned:	06/12/2015	Date of Injury:	10/11/2012
Decision Date:	07/16/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53-year-old who has filed a claim for chronic neck, low back, wrist, knee, and shoulder pain reportedly associated with an industrial injury of October 11, 2012. In a Utilization Review report dated May 13, 2015, the claims administrator failed to approve a request for Norco, Colace, and a urine drug screen. The claims administrator referenced a RFA form of May 5, 2015 and associated progress note of May 4, 2015 in its determination. The applicant's attorney subsequently appealed. On May 4, 2015, the applicant reported multifocal pain complaints of neck, low back, shoulder, wrist, and elbow pain status post recent lumbar epidural steroid injection therapy. The applicant was a former smoker, it was reported. 3/10 pain with medications versus 8-9/10 pain without medications was reported. The applicant acknowledged that activities of daily living as basic as sitting, standing, walking, bending, and lifting remained problematic. The applicant was placed off of work, on total temporary disability, while Norco and Colace were renewed. Urine drug testing was apparently sought. The drug testing in question was performed on May 4, 2015 and did include confirmatory and quantitative testing on various opioid metabolites, including hydrocodone and hydromorphone. Non-standard drug testing to include testing for multiple opioid and benzodiazepine metabolites was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long Term users of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 46.

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 off of work, on total temporary disability, despite ongoing usage of Norco. While the attending provider did recount some reported reduction in pain scores from 8-9/10 without medications versus 3/10 with medications on May 4, 2015, these reports were, however, outweighed by the attending provider's failure to outline meaningful or material improvements in function (if any) as effected with medication consumption. The attending provider's commentary to the fact that the applicant was still having difficulty performing activities of daily living as basic as sitting, standing, walking, bending, lifting, etc., coupled with the applicant's failure to return to work, outweighed the subjective reports of analgesia received as a result of ongoing medication consumption. Therefore, the request is not medically necessary.

Colace 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic), Opioids induced constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant was in fact concurrently using Norco, an opioid agent. Concurrently providing Colace, a laxative/stool softener, was, thus, indicated to combat any issues with Norco-induced constipation which may have arisen in conjunction with the same. Therefore, the request is medically necessary.

Urine Drug Screen QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

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. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and attempt to categorize the applicants into higher-or lower- risk categories for whom more or less frequent drug testing would be indicated. Here, however, confirmatory and quantitative testing was performed on May 4, 2015, despite the unfavorable ODG position on the same. The attending provider acknowledged a May 4, 2015 that the applicant had previously been drug tested two months prior, on March 5, 2015. It was not clearly stated why the applicant was being tested so frequently here. Since multiple ODG criteria for pursuit of urine drug testing were not met, the request is not medically necessary.