

Case Number:	CM15-0108927		
Date Assigned:	07/23/2015	Date of Injury:	04/13/2005
Decision Date:	08/19/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 58 year old male sustained an industrial injury to the right knee and low back on 4/13/05. Previous treatment included bilateral total knee replacements, physical therapy, chiropractic therapy, bracing and medications. In a PR-2 dated 1/15/15, the injured worker complained of low back pain rated 8/10 on the visual analog scale without medications and 4/10 with medications. The injured worker was prescribed Anaprox, Norco, Cymbalta and Prilosec. On 2/12/15, urine toxicology screening was consistent with prescribed medications. In a PR-2 dated 4/2/15, the injured worker complained of persistent low back pain with radiation down the left leg associated with left calf cramping and numbness in the great toe. The injured worker reported receiving functional benefit from medications. The injured worker used his recumbent bike on an almost daily basis. Physical exam was remarkable for tenderness to palpation to the right sacroiliac joint, left sciatic notch, left calf and medial aspect of both knees, with positive left straight leg raise, positive right Fabere and Patrick signs and decreased and painful lumbar spine range of motion. Current diagnoses included chronic lumbar spine sprain/strain, lumbar spine degenerative joint disease, L5-S1 spondylolisthesis, chronic right knee sprain/strain with medial meniscus tear, possible right anterior cruciate ligament tear right knee, right knee osteoarthritis and degenerative disc disease left knee. The treatment plan included requesting authorization for physical therapy, requesting authorization for a psychiatry evaluation and continuing medications (Anaprox, Prilosec, Cymbalta and Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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 since 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 life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A'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 psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These 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." According to the patient file, the patient has been using this medication for a long time without any objective documentation of functional improvement. In addition, there is no documented updated and signed pain contract. There is no documentation of compliance of the patient with his medications. Therefore, the prescription of Norco 5/325mg, #50 is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for Urine toxicology is not medically necessary.