MAXIMUS Federal Services

Case Number:	CM15-0109261		
Date Assigned:	06/15/2015	Date of Injury:	07/26/2005
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
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: California
Certification(s)/Specialty: Emergency 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 injured worker is a 59 year old male, who sustained an industrial injury on July 26, 2005. The injured worker was diagnosed as having shoulder impingement, cervical stenosis, status post right shoulder surgery, status post cervical discectomy and fusion and left carpal tunnel syndrome and surgery. Treatment to date has included multiple surgeries, therapy and medication. A progress note dated May 4, 2015 provides the injured worker complains of neck pain radiating to the left shoulder and arm. The pain is rated 4/10 with medication and 9/10 without medication. There is right shoulder pain rated 10/10 without medication and 6/10 with medication. His back pain is rated 5/10 with medication and 10/10 without medication. Physical exam notes well healed surgical scars of the shoulders bilaterally. There is painful decreased range of motion (ROM) of the right shoulder. The plan includes Norco and lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Documentation claims improvement in pain but has failed to document any objective increase in functional status or pain control. There is no documentation of any monitoring program with no consistent urine drug screening, review of PDMP CURES or basic office assessment of abuse risk. The request of Norco would give the patient 6 months of unmonitored access to Norco. Request for 6 months of Norco is completely medically inappropriate and not even legal since DEA list Norco as a schedule 2 medication that does not allow for refills. Request for 6 months of Norco with no monitoring or any actual objective benefit is not medically appropriate.

UDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Only documented urine drug screen is dated 5/4/15, which is date where this test was requested. No other UDS was provided or documented. As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary requesting physician for Urine drug test does not document monitoring of CURES and asking questions concerning suspicious activity or a documented pain contract. There is no documentation from the provider concerning patient's risk for abuse. The provider has consistently ignored or refused to document any screening process for patient's chronic opioid use despite multiple Utilization Review reports requesting such documentation. It is unclear why provider has requested a Urine Drug Screen since there are no prior provided UDS reports or any signs of monitoring despite patient being chronically on opioids. There is no documentation of any drug monitoring being done so a UDS is not indicated.