

Case Number:	CM15-0015532		
Date Assigned:	02/03/2015	Date of Injury:	07/11/1998
Decision Date:	04/20/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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: Montana

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 injured worker is a 55 year old male, who sustained a work related injury on 7/11/98. He had a work related lifting injury. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, low back pain, lumbar post-laminectomy syndrome and fibromyalgia. Treatments to date have included cervical epidural steroid injection dated 9/29/14, rest, heat, lumbar spine surgeries x 4, pain medication pump implanted and removed, and oral medications including Norco. In the PR-2 dated 1/8/15, the injured worker complains of significant, ongoing lower back pain and left leg pain. He is obtaining functional gains with activities of daily living with taking medications. The pain medications have helped to decrease his pain levels by 60-70%. He is taking the lowest effective dose of pain medication. He has tenderness to touch in several areas on lower back and has restricted range of motion. The last urine drug screen obtained was on 12/5/14. On 1/12/15, Utilization Review non-certified a request for a urine drug screen. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 1/12/15, Utilization Review modified a request for Norco 10/325mg., #120 to Norco 10/325mg., #90. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug screen between 12/5/14 and 3/4/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing and Opioids, ongoing management Page(s): 43 and 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing.

Decision rationale: The MTUS discusses urine drug screening in the chronic pain medical treatment guideline. It is recommended as an option to assess for use or prevalence of illegal drugs. It also recommends use of urine drug screening for ongoing management when there are issues of abuse, addiction or poor pain control. The ODG guidelines note that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The medical records do confirm the long term use of opioid pain medications and urine drug testing has been performed which has confirmed appropriate use of medication. His drug screening tests have not identified any evidence for diversion, use of illicit drugs or any other concerns. The treatment note of 1/30/15 states that there is no evidence of impairment, abuse, diversion or hoarding. Continued use of urine drug screening without documentation of issues of abuse, addiction or poor pain control are not justified within the MTUS. In this case it would appear that the risk is low for addiction/aberrant behavior. As such yearly testing is recommended as noted above. His most recent drug screen was on 12/5/14 with at least 6 drug screens performed in 2014. The request for urine drug screen at this time is not medically necessary.

1 prescription for Norco 10/325mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80 and 91.

Decision rationale: Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second

opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case the medical shows that the injured worker has been stable on a regimen of methadone and Norco for many years. He is currently under the care of a pain specialist. The records do document that there are no aberrant pain behaviors or signs of abuse. Urine drug testing has been performed. There is a pain contract in place. Appropriate cautions are discussed with the injured worker for use of opioid medications. It is noted that the medications provide significant pain relief and allow improved functional status and performance of ADLs with no side effects. Given the long-term use and efficacy of the current regimen, I am reversing the prior UR decision. The request for Norco 10/325 #120 is medically necessary.