

Case Number:	CM15-0133079		
Date Assigned:	07/21/2015	Date of Injury:	10/27/2014
Decision Date:	09/23/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/09/2015

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, California
 Certification(s)/Specialty: Family Practice

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 41-year-old male, who sustained an industrial injury on October 27, 2014. He reported neck, lower back, buttocks and left ankle pain. The injured worker was diagnosed as having cervical radiculopathy, cervical facet syndrome, lumbar radiculopathy, low back pain, hip bursitis, lateral epicondylitis, wrist pain, shoulder pain, left wrist sprain and history of fall. Treatment to date has included diagnostic testing, physical therapy, medications and work restrictions. Currently, the injured worker complains of ongoing neck pain low back pain, pain in the buttocks and left ankle pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on November 4, 2014, revealed continued pain as noted. The left wrist was noted as swollen and tender. It was noted he walked with a slight limp to the right. Straight leg test was normal. The left ankle was swollen. It was noted the symptoms were unchanged with ibuprofen. Evaluation on November 17, 2014, revealed continued pain. He reported feeling frustrated secondary to continued discomfort. It was noted he fell on his left shoulder and now has continued pain in the left shoulder. Evaluation on February 19, 2015, revealed continued pain as noted. He rated his pain at 7 on a 1-10 scale with 10 being the worst while on medications. He reported ongoing radicular pain in the left leg. Norco was continued. Evaluation on March 19, 2015, revealed continued pain as noted with associated radicular symptoms rated at a 7 on a 1-10 scale with 10 being the worst and at an 8 without medications. He reported the medications are less effective. Norco was continued. Norco 10/325 #60 and a urinary drug screen were requested. Per the note dated 7/2/15, the patient had complaints of

pain in neck, back and shoulder with radiculopathy. Physical examination revealed tenderness on palpation, limited range of motion and muscle spasm in cervical and lumbar region and decreased sensation in lower extremity. The patient has had positive Spurling, SLR, cervical and lumbar facet loading test and Phalen and Tinel sign. The medication list includes Norco, Duloxetine, Motrin, Etodolac and Ibuprofen. The patient had received an unspecified number of PT visits for this injury. The patient has had MRI of the lumbar spine on 4/30/15 that revealed narrowing of the central canal. The patient has had MRI of the cervical spine on 4/30/15 that revealed foraminal stenosis. The patient has had UDS on 5/19/15 that was negative for Hydrocodone and it was inconsistent. The patient has had four UDS test between 2/19/15 and 6/16/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80, Criteria for use of Opioids, Therapeutic Trial of Opioids Page(s): 74-96.

Decision rationale: Norco 10/325mg #60. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. The patient has had a UDS on 5/19/15 that was negative for Hydrocodone and it was inconsistent. The level of pain control with lower potency opioids (like tramadol) and other non-opioid medications (anticonvulsants), without the use of norco, was not specified in the records provided. Whether improvement in pain translated

into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #60 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

1 Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, (Chronic): Urine Drug Testing (UDT). (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines, Page 43, Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Pain (updated 09/08/15) Urine drug testing (UDT).

Decision rationale: 1 Urine drug screen. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment." Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. 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. As per records provided medication lists includes Norco. The patient has had UDS on 5/19/15 that was negative for Hydrocodone and it was inconsistent. The patient was being prescribed Norco at that time, so this result may be inconsistent and may indicate aberrant drug behavior. It is medically appropriate and necessary to perform a urine drug screen to monitor the presence or absence of any controlled substances in patients with chronic pain. The urine drug screen would help to detect inconsistencies with the prescribed medications. It would help to monitor for aberrant drug behavior. The presence of such inconsistencies would significantly change the management approach. The request for 1 Urine drug screen is medically appropriate and necessary in this patient.