MAXIMUS Federal Services

Case Number:	CM15-0136586		
Date Assigned:	07/24/2015	Date of Injury:	11/10/2012
Decision Date:	08/24/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/14/2015

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: 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 52 year old male, who sustained an industrial injury on 11/10/2012. He has reported injury to the abdomen, right ribs, and low back. The diagnoses have included lumbago; abdominal pain site not otherwise specified; chest pain not otherwise specified; lumbar sprain/strain; lumbar radiculopathy; lumbar disc displacement; and chronic pain syndrome. Treatment to date has included medications, diagnostics, ice, heat, physical therapy, home exercise program, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, transforaminal lumbar epidural injection, and chiropractic therapy. Medications have included Tramadol, Naproxen, Vicodin, Protonix, Norco, Ibuprofen, Tylenol Extra Strength, Lunesta, Lidocaine 5% patch, and Gabapentin. A progress note from the treating physician, dated 06/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lower back pain and rib pain; he rates the pain as 9/10 with zero being no pain and 10 having the worst possible pain; the pain is characterized as sharp; it radiates to the right leg; he describes his pain as severe; he has tried acupuncture which was not effective; quality of sleep is poor; he feels like his ribs are sticking him in the side and this has been going on since his injury; and pain level has increased since last visit. Objective findings included he does not appear to be in acute distress; he has an antalgic gait; lumbar range of motion is restricted with flexion and extension and limited by pain; spinous process tenderness is noted on L1, L2, L3, L4, and L5; straight leg raising test is positive on both sides; motor testing is limited by pain; light touch sensation is decreased over the L4, L5, S1 dermatomes on the right side; and on palpation, there is localized tenderness at the periumbilical region, right lower quadrant, right upper

quadrant, and suprapubic region. The treatment plan has included the request for Norco 5/325mg #30; and urine drug screen, quantity: 1.00. Several drug screens have been positive for amphetamines and methamphetamine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: 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 Opioids,Functional Improvement Measures Page(s): s 78-80 and 49.

Decision rationale: MTUS Guidelines support the use of opioids if there is meaningful pain relief, improved function due to its use and a lack of drug related aberrant behaviors. These standards are not met with this individual. No significant quantified pain relief is reported, no subjective of objective functional improvements are noted and there is objective evidence of illegal drug use. There are no unusual circumstances to justify an exception to Guidelines. The Norco 5/325mg #30 is not medically necessary.

Urine drug screen, quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug screens.

Decision rationale: MTUS Guidelines recommend periodic drug screening if opioids are utilized. ODG Guidelines provide much more detail regarding the appropriate use of drug screening. Even though opioids are denied, drug screening to detect the ongoing use of illegal drug is medically necessary as it should influence treatment recommendations. Under this somewhat unique circumstance, the urine drug screen is medically necessary.