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| Case Number: | CM15-0162563 | | |
| Date Assigned: | 08/28/2015 | Date of Injury: | 04/01/2009 |
| Decision Date: | 10/05/2015 | UR Denial Date: | 07/28/2015 |
| Priority: | Standard | Application Received: | 08/19/2015 |

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, North Carolina
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 48 year old male, who sustained an industrial injury on April 1, 2009. Treatment to date has included diagnostic imaging, work modifications, heat-ice therapy, and opioid medications. Currently, the injured worker complains of that his thoraco-lumbar spine pain has worsened since his previous evaluation. He rates his pain an 8 on a 10-point scale. He reports that he was involved in a car accident on July 14, 2015 and he has noticed progressive pain since that incident. The diagnoses associated with the request include displacement of the lumbar intervertebral disc without myelopathy and lumbar spinal stenosis. The treatment plan includes Norco, Soma and urine drug screen.

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 Page(s): 79, 80 and 88 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid for chronic use Page(s): 80.

Decision rationale: CA MTUS Guidelines provides for ongoing use of opioids if the prescriptions are from a single practitioner, if they are prescribed at the lowest possible dose, and if there is ongoing review and documentation of pain relief, functional capacity, appropriate use and side effects. In addition ongoing opioids are indicated if the patient has returned to work and has documented pain relief and improved function. In this case, there is no documentation of improved functional capacity. He reports his pain as worse since his last visit with an 8/10 rating, which calls into question the efficacy of the opioids, despite his re-injury 7/14/2015. Therefore, based on the above findings, the request for Norco is not medically necessary or appropriate.

Soma 350mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 29.

Decision rationale: CA MTUS Guidelines do not recommend SOMA for long-term use. SOMA is a centrally-acting skeletal muscle relaxant whose primary active metabolite is meprobamate. SOMA also should be used with caution in patients also taking narcotics, as in this case. Efficacy diminishes with time with SOMA and there is a risk of dependency. Thus for the reasons above and the recommendation against long-term use, this request is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for use of urine drug testing.

Decision rationale: While MTUS Guidelines do not specifically address how frequent urine drug screens (UDS) should be obtained from various risks for opiate users, ODG Guidelines provide a clearer guideline for low risk opiate users. It recommends once yearly urine drug screens after an initial screening within the first six months for chronic opiate use. In this case, there is no mention of a suspicion of drug abuse or aberrant behavior. The patient appears to be taking medications as directed and thus appears to be low risk. Previous results of drug screens are not provided in order to comment on the frequency of UDS. Therefore the request is not medically necessary or appropriate.