

Case Number:	CM15-0162890		
Date Assigned:	08/31/2015	Date of Injury:	09/24/2011
Decision Date:	10/19/2015	UR Denial Date:	08/05/2015
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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on September 24, 2011. She reported neck pain, shoulder pain, low back pain and sacroiliac pain. The injured worker was diagnosed as having cervicalgia, cervical radiculopathy, lumbago, lumbar radiculopathy, failed back surgery syndrome, anxiety, depression, myalgias, chronic pain syndrome and grief. Treatment to date has included diagnostic studies, cognitive behavioral therapy, spinal cord stimulator placement, home exercises, conservative care, medications and work restrictions. Currently, the injured worker continues to report depression, anxiety, poor sleep, neck pain, shoulder pain, low back pain and sacroiliac pain in addition, weakness in bilateral lower extremities was noted. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 18, 2015, revealed continued pain as noted. It was noted Norco was refilled. Evaluation on June 15, 2015, revealed continued pain as noted. She rated her pain at 10 on a 1-10 scale with 10 being the worst. She noted she had no new symptoms since the previous visit. She reported continued poor sleep and denied constipation, diarrhea and upset stomach. Evaluation on July 27, 2015, revealed continued pain as noted. Straight leg raising test, Patrick's facet loading and Spurling's tests were all noted to be positive. She rated her pain at 10 on a 1-10 scale with 10 being the worst. Norco 10/325mg, quantity: 60 and a random urine drug screen testing, quantity: 1 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents with neck and low back pain rated 10+/10. Medications are helping. She does report some depression and anxiety, but denies any suicidal ideation. The request is for Norco 10/325mg, Quantity: 60. The request for authorization is dated 07/13/15. Physical examination reveals straight leg raising, Patrick's, facet loading, and Spurling's tests were all noted to be positive. Sensation was decreased to light touch in the right L4 and L5 dermatomal distribution. She had weakness in bilateral lower extremities diffusely. There was tenderness to palpation noted over the cervical paraspinal muscles, upper trapezius muscles, scapular border, lumbar paraspinal muscles, sacroiliac joint region, and greater trochanteric bursa. There were 18/18 tender points noted overall. She is to continue follow up with psych for cognitive behavioral therapy as well as for spinal cord stimulator trial. She will continue with home exercise program as previously instructed. The patient's work status is not provided. MTUS, Criteria For Use Of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria For Use Of Opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Per progress report dated 07/27/15, treater's reason for the request is "for pain." Patient has been prescribed Norco since at least 03/23/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is no documentation regarding adverse effects and aberrant drug behavior. UDS has been requested. Therefore, given the lack of documentation, the request is not medically necessary.

Random urine drug screen testing, quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: The patient presents with neck and low back pain rated 10+/10. Medications are helping. She does report some depression and anxiety, but denies any suicidal ideation. The request is for Random Urine Drug Screen Testing, Quantity: 1. The request for authorization is 07/13/15. Physical examination reveals straight leg raising, Patrick's, facet loading, and Spurling's tests were all noted to be positive. Sensation was decreased to light touch in the right L4 and L5 dermatomal distribution. She had weakness in bilateral lower extremities diffusely. There was tenderness to palpation noted over the cervical paraspinal muscles, upper trapezius muscles, scapular border, lumbar paraspinal muscles, sacroiliac joint region, and greater trochanteric bursa. There were 18/18 tender points noted overall. She is to continue follow up with psych for cognitive behavioral therapy as well as for spinal cord stimulator trial. She will continue with home exercise program as previously instructed. The patient's work status is not provided. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "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." Per progress report dated 07/27/15, treater's reason for the request is "to determine levels of prescription and the presence of any non-prescription drugs per MTUS." In this case, the patient has previously been prescribed Norco, which is an opioid pain medication. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request is medically necessary.