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| Case Number: | CM15-0163999 | | |
| Date Assigned: | 09/09/2015 | Date of Injury: | 10/26/2014 |
| Decision Date: | 10/09/2015 | UR Denial Date: | 07/31/2015 |
| Priority: | Standard | Application Received: | 08/20/2015 |

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, Florida, 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 55 year old male, who sustained an industrial injury on 10-26-2014. He reported multiple traumatic injuries being hit as a pedestrian by a motor vehicle. Diagnoses include status post multi-trauma accident, comminuted right ulnar shaft fracture, status post open reduction internal fixation (ORIF) on 10-27-14, right shoulder sprain-strain, status post nondisplaced rib fracture, lumbar nondisplaced and transverse process fractures, and status post head trauma with loss of consciousness. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of ongoing neck pain, headaches, and associated dizziness, low back pain, and right upper extremity. He is status post right wrist surgery on 7-14-15 and a cast was on the arm. Pain was rated 6 out of 10 VAS with medication and 10 out of 10 VAS without medication. There was improvement in functional ability noted with Norco. On 7-21-15, the physical examination documented cervical tenderness without palpable muscle spasm. The right upper extremity was in a cast and sling. There was tenderness to the mid and lower rib region with muscle spasms present. Lumbar range of motion was decreased. The provider documented Norco was prescribed by the orthopedic surgeon for post surgical pain control. The plan of care included a prescription for Norco 5-325mg, one per day, #30 for pain control. This appeal request authorization of Norco 5-325mg #30 and a urine drug screening. The Utilization Review dated 7-31-15 denied the request indicating there was an overlap in a prescription from another provider citing California MTUS guidelines requiring that "opioids be prescribed from one physician only."

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue opioids Page(s): 79, 80 and 88.

Decision rationale: This claimant was injured in 2014 status post a multi-trauma accident, with a comminuted right ulnar shaft fracture, status post open reduction internal fixation (ORIF) on 10-27-14, right shoulder sprain-strain, status post nondisplaced rib fracture, lumbar nondisplaced and transverse process fractures, and status post head trauma with loss of consciousness. Currently, he complained of ongoing neck pain, headaches, and associated dizziness, low back pain, and right upper extremity. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

UDS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: This claimant was injured in 2014 status post a multi-trauma accident, with a comminuted right ulnar shaft fracture, status post open reduction internal fixation (ORIF) on 10-27-14, right shoulder sprain-strain, status post nondisplaced rib fracture, lumbar nondisplaced and transverse process fractures, and status post head trauma with loss of consciousness. Currently, he complained of ongoing neck pain, headaches, and associated dizziness, low back pain, and right upper extremity. Regarding urine drug testing, the MTUS notes in the Chronic

Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is not medically necessary.