

Case Number:	CM15-0164497		
Date Assigned:	09/01/2015	Date of Injury:	12/21/1998
Decision Date:	10/15/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/21/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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 59 year old female, who sustained an industrial injury on 12-21-1998. The mechanism of injury is not described. The current diagnoses are low back pain, gastroesophageal reflux disease, gastritis, and irritable bowel syndrome. According to the progress report dated 7-17-2015, the injured worker complains of low back pain with radiation into the bilateral lower extremities. The pain is rated 8 out of 10 on a subjective pain scale. In addition, she reports increased left foot pain. The physical examination of the lumbar spine reveals decreased range of motion and sensation. Per the progress report on 3-2-2015, the injured worker reports persistent abdominal pain with alternating diarrhea and constipation. The current medications are Norco and Celebrex. Urine drug screen from 5-22-2015 was consistent with the detection of opiates. There is documentation of ongoing treatment with Norco since at least 3-13-2015 and Celebrex since at least 5-22-2015. Treatment to date has included medication management, physical therapy, chiropractic, injection therapy, and extracorporeal shockwave. Work status is described as off work. A request for Norco, Celebrex, and urine drug screen has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, steps to avoid misuse/addiction.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, screen patients with issues of abuse, addiction, or poor pain control. The guidelines suggest that if there is suspected issues of abuse, addiction, or poor pain control, the treating physician may consider a urine drug screen to assess for the use or the presence of illegal drugs. In this case, the guidelines recommend urine drug screening for on-going management of opioid therapy. There is documentation of a consistent urine drug screen from 5-22-2015. It is unclear why a repeat urine drug screen would be necessary. In addition, ongoing use of Norco is not supported, as the submitted medical records failed to provide documentation of functional benefit or improvement. Therefore, the injured worker is no longer a candidate for opioid therapy. As such, based on CA MTUS guidelines and submitted medical records, the request for urine drug screen is not medically necessary.

Norco 10/325mg #30: 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): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Norco is a short-acting opiate used for short-term treatment of moderate to severe pain. The guidelines discourage long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the

treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. As noted in the references, opioids may be continued if the patient has returned to work and has improvement in functioning and pain. The records indicate continued low back pain, rated 8 out of 10. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Norco is not medically necessary.

Celebrex 200mg #60, 2 refills: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-risk GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. In this case, there is documentation of gastrointestinal complications to support the medical necessity of Celebrex. However, there is no supporting evidence of objective functional improvement such as measurable decrease in frequency and intensity of pain per the VAS scale. The injured worker continues to rate her pain as 8 out of 10. Therefore, based on the CA MTUS guidelines and submitted medical records, the request for Celebrex is not medically necessary.