

Case Number:	CM15-0165137		
Date Assigned:	09/02/2015	Date of Injury:	05/16/2005
Decision Date:	10/29/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 year old male, who sustained an industrial injury on May 16, 2005, incurring head, neck, back and low back injuries. He was diagnosed with lumbar radiculopathy, lumbar degenerative disc disease, neck pain, cervicothoracic sprain, mild degenerative disc disease, mild degree of left foraminal stenosis at C4-5 and C5-6. Treatment included neuropathic medications, antidepressants, proton pump inhibitor, topical analgesic patches and activity restrictions. The injured worker had not worked since February 5, 2007. In March 2009, the injured worker continued with low back pain rated 7 out of 10, and continued with neuropathic medications, muscle relaxants and antidepressants. He was diagnosed with chronic lumbar radiculitis. He had epidural steroid injection of the lumbar spine and had some pain relief and less aching. Currently, the injured worker complained of persistent pain from his head down to the level of the foot posteriorly in the left leg. He noted his back pain had improved modestly but the pain never went away. The treatment plan that was requested for authorization on May 29, 2015, included prescriptions for Norco and Lioresal and a retrospective urine drug screen for date of service July 27, 2015. On August 6, 2015, determination for the use of Norco and Lioresal medications and a request for a urine drug screen were made and all were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, criteria for use.

Decision rationale: Norco 10/325mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on opioids without significant evidence of objective functional improvement therefore the request for continued Norco is not medically necessary.

Lioresal 10mg #90 with 3 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): Muscle relaxants (for pain).

Decision rationale: Lioresal 10mg #90 with 3 refills is not medically necessary per the MTUS Guidelines. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. The documentation does indicate that the patient has spasticity and spasm secondary to Multiple Sclerosis or a spinal cord injury. The MTUS recommends muscle relaxants only for short-term use therefore this request with 3 refills is not medically necessary.

Retrospective urine drug screen (DOS 7/27/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Urine Drug Testing.

Decision rationale: Retrospective urine drug screen (DOS 7/27/15) is not medically necessary per the MTUS Guidelines. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The ODG states that patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. The documentation indicates that the patient has had a sufficient amount of urine drug testing this past year. Furthermore, the documentation indicates that there have been prior utilization reviews stating that the prescribed opioids were not medically necessary, therefore the request for urine toxicology is not medically necessary.