

Case Number:	CM15-0182168		
Date Assigned:	09/23/2015	Date of Injury:	02/06/2015
Decision Date:	10/28/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/16/2015

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:

This is a 37 year old male with a date of injury on 2-6-2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain, low back sprain, thoracic sprain, left upper extremity stretch injury, left shoulder impingement syndrome and bilateral moderate carpal tunnel syndrome. Medical records (3-2-2015 to 8-19-2015) indicate ongoing neck, upper back, mid back, low back, left upper extremity and shoulder pain rated eight to nine out of ten. According to the progress report dated 8-19-2015, the injured worker also complained of pain and numbness in his left hand. The physical exam (8-19-2015) of the cervical and lumbar spine revealed tender trigger points. There was tenderness and decreased range of motion of the left shoulder. Treatment has included a shoulder sling and medications. The injured worker has been prescribed Norco since at least 3-2-2015. Progress reports (3-2-2015 and 4-1-2015) indicate that the injured worker was advised to discontinue Norco. Tramadol and Naproxen were prescribed on 3-2-2015. The original Utilization Review (UR) (9-3-2015) modified a request for Norco 10-325mg #90 to #60. Utilization Review denied a request for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: 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, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Norco 10/325 #90 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 long-term opioids without significant evidence of functional improvement and with continued high pain levels and prior recommendations to discontinue Norco therefore the request for continued Norco is not medically necessary.

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 (ODG) Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

Decision rationale: Urine Drug Screen is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. 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 documentation indicates that the prescribed opioids were not medically necessary; therefore the request for urine drug screen is not medically necessary.