

Case Number:	CM15-0182988		
Date Assigned:	09/23/2015	Date of Injury:	11/15/2012
Decision Date:	10/29/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/17/2015

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: 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 54 year old female who sustained an industrial injury on 11-15-2012. A review of medical records indicates the injured worker is being treated for bilateral hands diffuse synovitis, bilateral upper extremity overuse syndrome, chronic cervical strain with degenerative changes, and bilateral wrist paresthesia, rule out carpal tunnel syndrome. Medical records dated 8-10-2015 noted persistent pain in the cervical spine and right wrist and fingers. She currently takes Norco for pain, which helps her pain from a 5 out 10 to a 2 out 10. Medical records dated 7- 13-2015 reported pain a 7 out 10. Physical examination dated 8-10-2015 noted the cervical spine had decreased range of motion. Cervical compression test was positive on the left. She had decreased sensation along the left upper arm and decreased deep tendon reflexes of the left biceps. There was decreased sensation at C5, C6, C7, and C8 on the left. There was decreased grip strength and 1+swelling of the hand. Treatment has included physical therapy, chiropractic care and medications (Norco since at least 1-8-2015). RFA dated 8-10-2015 requested Norco and urine drug testing. Utilization review form dated 9-9-2015 noncertified urine toxicology screen at the next visit and Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen on next visit: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines, urine drug testing is an option in monitoring patients for aberrant behavior and compliance on opioid therapy. Urine Drug test was done on 7/13/15 which detected hydrocodone. Patient is not noted as high risk for abuse. It is unclear why another UDS was needed so close to an appropriate recent one. Urine tox screen is not medically necessary.

Norco 10/325 mg #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 is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. While there appears to be appropriate monitoring and there is documentation of improvement in pain on VAS, there is no documentation of objective functional improvement and there is no documentation of long-term plan for opioid therapy such as plan for weaning. Norco is not medically necessary.