

Case Number:	CM15-0185845		
Date Assigned:	09/28/2015	Date of Injury:	03/02/2011
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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:

This injured worker is a 41 year old male who reported an industrial injury on 3-2-2011. His diagnoses, and or impressions, were noted to include: status-post lumbar fusion (2012); and chronic mild neuropathic pain. No current imaging studies were noted; recent toxicology studies were noted on 4-15-2015. His treatments were noted to include: 12+ acupuncture treatments; 20+ physical therapy sessions; lumbar epidural steroid injection therapy; a home exercise program; medication management with toxicology studies; and a return to regular work, noted classified as permanent and stationary. The orthopedic progress report of 7-15-2015 noted a follow-up evaluation of continued low back pain with bilateral radicular pain in both lower extremities, and more right-sided sciatica; pain rated 7 out of 10 without medications and 4 out of 10 with; and that he was able to work and do housework. The objective findings were noted to include: positive lumbar spasms with decreased and painful lumbar range-of-motion; right sacral 1 radiculopathy; positive bilateral straight leg raise; and positive bilateral Lasegues sign. The physician's requests for treatment were noted to include continuation of his chronic pain medications, including Norco 10-325 mg, 2 twice a day, #180, and Ativan 1 mg, 1 at hour of sleep, #30. The Request for Authorization for Norco 10-325 mg #180, Ativan 1 mg #30, and a urine drug screening was not noted in the medical records provided. The Utilization Review of 9-4-2015 non-certified the request for Norco 10-325 mg #180, Ativan 1 mg #30, and a urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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.

Decision rationale: The claimant was injured in 2011 with status-post lumbar fusion (2012); and has chronic mild neuropathic pain. As of July, there is still back pain. The medicines permit work and housework, but no other detail on objective, functional benefit from the regimen. There is no mention of drug issues. There is no mention of an anxiety disorder. 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.

Ativan 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

Decision rationale: The claimant was injured in 2011 with status-post lumbar fusion (2012); and has chronic mild neuropathic pain. As of July, there is still back pain. The medicines permit work and housework, but no other detail on objective, functional benefit from the regimen. There is no mention of drug issues. There is no mention of an anxiety disorder. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is not medically necessary.

Urine Drug screening: 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): Drug testing.

Decision rationale: The claimant was injured in 2011 with status-post lumbar fusion (2012); and has chronic mild neuropathic pain. As of July, there is still back pain. The medicines permit work and housework, but no other detail on objective, functional benefit from the regimen. There is no mention of drug issues. There is no mention of an anxiety disorder. 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.