MAXIMUS Federal Services

Case Number:	CM15-0186019		
Date Assigned:	09/28/2015	Date of Injury:	05/13/2011
Decision Date:	12/01/2015	UR Denial Date:	08/26/2015
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: 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:

The injured worker is a 33 year old female, who sustained an industrial injury on 5-13-11. The documentation on 8-11-15 noted that the injured worker has complaints of low back pain with radiating symptoms down both her lower extremities. The documentation noted that the injured worker started exercising aggressively and is walking 4 days a week for an hour and has lost 45 pounds over the past 2 to 3 months and is feeling good. The documentation noted that norco continues to bring the injured workers pain levels down from 8 out of 10 to a 1 to 1 out of ten. The injured worker feels like she is getting much more adequate pain relief with her exercise regimen. The documentation under objective findings noted that the injured worker looks healthier and moving about the room fluidly. There is some tenderness to the lumbar paraspinal muscles, but she does have full range of motion. The diagnoses have included lumbar discogenic pain and depression and anxiety secondary to chronic pain. Magnetic resonance imaging (MRI) of the lumbar spine on 8-4-11 revealed there was broad-based disk protrusion, central to moreover the left side at L4-L5 with an annular tear and facet arthritic changes noted in the lower lumbar areas. Magnetic resonance imaging (MRI) of the lumbar spine on 1-3-14 showed L4-L5 left posterior lateral broad-based disk bulge with mild left hypertrophy causing moderate to severe left neuroforaminal narrowing. Treatment to date has included physical therapy; lumbar epidural steroid injection which provided temporary help; acupuncture which did not provide much help; chiropractic manipulation was helpful; norco; naproxen and cymbalta. The original utilization review (8-26-15) modified the request for norco 5-325 #90 to norco 5-325mg #68 between 8-18-15 to 10-20-15. The request for norco 5-325mg #90 between 9-11-15 and 10-20-15; norco 5-325mg #90 between 10-11-15 to 10-20-15 and one urine drug screen between 8-18-15 to 10-20-15 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #90: Overturned

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): Functional improvement measures, Opioids, criteria for use.

Decision rationale: MTUS Guidelines support the careful use of opioid medications if there is meaningful pain relief, functional support (best evidenced by return to work) and the lack of drug related aberrant behaviors. This individual meets these Guideline criteria. The dosing is low and there is adequate documentation of pain relief, there is good documentation of functional support including continued work duties (modified) and there is no hint of drug related aberrant behaviors. Under these circumstances, the Norco 5/325 mg #90 is supported by Guidelines and is medically necessary.

Norco 5/325 mg #90: Overturned

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): Functional improvement measures, Opioids, criteria for use.

Decision rationale: MTUS Guidelines support the careful use of opioid medications if there is meaningful pain relief, functional support (best evidenced by return to work) and the lack of drug related aberrant behaviors. This individual meets these Guideline criteria. The dosing is low and there is adequate documentation of pain relief, there is good documentation of functional support including continued work duties (modified) and there is no hint of drug related aberrant behaviors. Under these circumstances, the Norco 5/325 mg #90 is supported by Guidelines and is medically necessary.

Norco 5/325 mg #90: Overturned

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): Functional improvement measures, Opioids, criteria for use.

Decision rationale: MTUS Guidelines support the careful use of opioid medications if there is meaningful pain relief, functional support (best evidenced by return to work) and the lack of drug related aberrant behaviors. This individual meets these Guideline criteria. The dosing is low and there is adequate documentation of pain relief, there is good documentation of functional support including continued work duties (modified) and there is no hint of drug related aberrant behaviors. Under these circumstances, the Norco 5/325 mg #90 is supported by Guidelines and is medically necessary.

One (1) urine drug screen: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Urine Drug Testing.

Decision rationale: MTUS Guidelines support periodic drug testing for individuals taking long term opioids, however the MTUS Guidelines do not provide recommendations regarding the reasonable type and frequency of testing. ODG Guideline address these details and for individuals at low risk of misuse (which applies to this individual) testing is recommended on an annual basis. The prior drug test is reported to be in mid Nov. '14 and the repeat request was in August '15. At that point in time, the requested urine drug test was not supported by Guidelines and there were no unusual circumstances to justify an exception to Guidelines. The One (1) urine drug screen was not medically necessary.