

Case Number:	CM15-0188514		
Date Assigned:	09/30/2015	Date of Injury:	08/03/2013
Decision Date:	11/10/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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 58 year old male who sustained an industrial injury on August 03, 2013. Primary treating visit dated August 19, 2015 reported urine-screening negative for Opiates, but positive for Benzodiazepine for which the patient stated he is getting a sleeping pill called Temazepam from psychiatrist. Here is note of first injection offering more than a 50 % reduction in pain. The following were applied to this visit: low back pain, lumbar disc displacement and lumbar radiculopathy. The plan of care noted starting Norco 10mg 325mg one tablet every six hours, start Meloxicam, and start Robaxin; acupuncture session 6 sessions and follow-up visit. A recent primary treating office visit dated July 30, 2015 reported present subjective complaint of "constant, severe, low back pain." He finds it difficult to stand for more than a few minutes. He states "that he is tired of being in pain," and "tired of staying home and not working." The following diagnoses were applied to this visit: lumbar strain; degenerative lumbar scoliosis; asymmetric disc collapse L2-3; disc protrusion L2-3 with moderate to marked narrowing left neural foramen, and disc bulge L5-S1 with severe right neural foraminal stenosis. Previous treatment to include: activity modification, rest, medications, physical therapy, acupuncture and injections. The plan of care noted the "patient would like to transfer his pain management to another provider." On August 13, 2015, a request was made for Norco 10mg 325mg #45, Meloxicam 7.5mg #30, and Neurontin 300mg #160; urine drug screen that was noted with modification from utilization Review on August 20, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 tab orally every 6 hours for 30 days #45: 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 MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, it is noted that the injured worker has been taking opioid pain medications since at least February, 2013 yet there has been at least 2 inconsistent urine drug screens during that time period (December, 2014 and April, 2015). Additionally, there is a lack of objective documentation of continued significant pain relief or functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg, 1 tab orally every 6 hours for 30 days #45 is determined to not be medically necessary.

Meloxicam 7.5mg, 1 tab orally once a day for 30 days #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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Meloxicam (Mobic) is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Additionally, there is no evidence of osteoarthritis in this case, therefore, the request for Meloxicam 7.5mg, 1 tab orally once a day for 30 days #30 is determined to not be medically necessary.

2 Urine Tox Screens: 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, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Screen Section.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (ODG), urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. In this case, it is noted that the injured worker has been taking opioid pain medications since at least February, 2013 yet there has been at least 2 inconsistent urine drug screens during that time period (December, 2014 and April, 2015). Continued use of urine drug screens is appropriate in this case, but it is unclear why 2 urine drug screens are being requested, therefore, the request for 2 urine tox screens is determined to not be medically necessary.