

Case Number:	CM15-0188521		
Date Assigned:	10/21/2015	Date of Injury:	08/14/2004
Decision Date:	12/10/2015	UR Denial Date:	09/16/2015
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, North Carolina
 Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on 8-14-04. The injured worker is diagnosed with lumbar spine strain, lumbar radiculopathy, lumbar spine disc protrusion, bilateral knee and quadriceps tendinosis, left knee cystic mass, pre-patellar bursitis, left knee compensatory pain and urological diagnosis, exacerbation. A note dated 8-13-15 reveals the injured worker presented with complaints of continuous low back described as aching, sharp, stabbing, shooting and pulling with sensations of numbness, pins and needles and pressure and tension. He reports constant bilateral knee with clicking, popping, swelling, locking and giving way. The pain is described as aching, sharp, stabbing, burning and shooting with sensations of pins and needles. His pain is increased by walking, standing, repetitive lifting to waist level, repetitive pushing, pulling, bending, stooping, squatting, kneeling, climbing, twisting, turning and riding in a car. Physical examinations dated 7-2-15 and 8-13-15 revealed grade 2-3 lumbar spine tenderness over the paraspinal muscles and spasms. There is restricted range of motion and the straight leg raise is positive bilaterally. The bilateral knee examination revealed grade 3 tenderness to palpation, restricted range of motion and large pre-patellar cystic mass. Treatment to date has included lumbar spine surgery, right knee arthroscopic meniscectomy, medications; Norco (2-2015), Omeprazole, Terocin patch and physical therapy. Diagnostic studies include urine toxicology screen dated 7-6-15 is consistent with prescribed medications, electrodiagnostic studies, lumbar spine CT scan and MRI and a lumbosacral MRI. A request for authorization dated 8-13-15 for Norco 10-325 mg #60, adult incontinent briefs #100 (3 month supply) and urine drug test is non-certified, per Utilization Review letter 9-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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: According to CA MTUS Guidelines, criteria for ongoing use of opioids include evidence of successful return to work, improved functioning and reduced pain as a result of opioid therapy. In this case, the date of injury was 8/14/2004. The patient complains of continuous low back pain. There is no evidence that significant pain relief or improved functioning has occurred. It appears that the patient remains off work. Therefore the request for ongoing Norco is not medically necessary or appropriate at this time.

Adult pampers #100 (3 month supply): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment.

Decision rationale: Ca MTUS does specifically address adult diapers. ODG recommends durable medical equipment (DME) if there is a medical need and if the system or device meets Medicare's definition of DME. Most bathroom/toilet supplies do not serve a medical purpose and are primarily used as a convenience, as in this case. There is a lack of documentation regarding the injured worker's ability to ambulate to the restroom. It is also unclear how the urinary incontinence relates to the IW's injuries. Therefore the request is not medically necessary or appropriate.

Urine drug test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: CA MTUS recommends drug testing as an option, using a urine drug screen (UDS) to assess for the use of presence of illegal drugs. In this case, there is a request for a UDS

due to taking Norco. The Norco has been denied, so UDS is no longer an issue. In addition, a consistent UDS was just obtained on 7/6/15. There is no suspicion for misuse/abuse of the Norco. The patient is at low risk for drug abuse, so a yearly test is necessary. There is no rationale provided for a UDS just 2 months following a consistent test. This request is not medically necessary.