

Case Number:	CM15-0189468		
Date Assigned:	10/01/2015	Date of Injury:	03/12/2002
Decision Date:	11/13/2015	UR Denial Date:	09/20/2015
Priority:	Standard	Application Received:	09/25/2015

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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of March 12, 2002. In a Utilization Review report dated December 20, 2015, the claims administrator failed to approve requests for Norco and a urine drug screen. The claims administrator referenced an RFA form received on September 14, 2015 in its determination. The applicant's attorney subsequently appealed. On an office visit dated September 4, 2015, the applicant reported ongoing complaints of ankle pain, reportedly "well managed" with usage of Norco. The applicant was working full time as a heavy equipment operator. The applicant had issues with non-industrial knee arthritis superimposed on issues with chronic ankle pain, the treating provider reported. Drug testing was performed. Norco was renewed. The attending provider noted that the applicant exhibited a normal gait. The attending provider stated that past urine drug screens were consistent with prescribed medications. The attending provider did not, however, state when the applicant was last tested. On July 10, 2015, the attending provider reiterated that the applicant was deriving appropriate analgesia and functional improvement with ongoing Norco usage and again reiterated that the applicant was working full time, without restrictions with the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG #120 with 1 Refill: 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): Opioids, criteria for use.

Decision rationale: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had returned to and maintained full-time, regular duty work status, the treating provider reported on office visits of September 4, 2014 and July 10, 2015. The applicant was deriving appropriate analgesia from the same, the treatment provider contended on both occasions. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Conversely, the request for a urine drug screen was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option in the chronic pain population, to assess for the presence or absence of illegal drugs, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODGs Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Here, the attending provider neither signaled his intention to eschew confirmatory or quantitative testing outside of the emergency department drug overdose context. The attending provider did not state when the applicant was last tested. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not indicated. Therefore, the request was not medically necessary.