

Case Number:	CM15-0194155		
Date Assigned:	10/08/2015	Date of Injury:	05/09/1991
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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: New Jersey

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 59-year-old male, with a reported date of injury of 05-09-1991. The diagnoses include post lumbar laminectomy syndrome, lumbar radiculopathy, and lumbar spondylosis. Treatments and evaluation to date have included Norco (since at least 04-2012), lumbar epidural steroid injection (relief lasted 6 months), Nucynta, Flexeril (ineffective), multiple lumbar surgeries, Soma, Fentanyl patch, Lyrica, Etodolac, MS Contin (effective, but decreased libido), Opana ER, Gabapentin (drowsiness and severe sleepiness), caudal epidurals, and a TENS unit. The diagnostic studies to date have included a urine drug screen on 05-23-2013 which was positive for Hydrocodone; a urine drug screen on 03-20-2014 which was positive for Hydrocodone; a urine drug screen on 07-16-2014 with consistent results; a urine drug screen on 11-19-2014; and a urine drug screen on 02-24-2015 which was inconsistent for Opana and Soma. The progress report dated 05-19-2015 indicates that the injured worker complained of low back pain. He rated his pain 5.5 out of 10 (05-19-2015) and 5 out of 10 (04-21-2015) with medications, and 9 out of 10 (04-21-2015 to 05-19-2015) without medications. It was noted that there were no new problems or side effects. It was also noted that the injured worker's activity level had decreased, and he was taking his medications as prescribed. The injured worker stated that the medications were working well. It was noted that an x-ray of the lumbar spine on 04-06-2011 showed solid fusion from L3-S1 with L2-3 disc degeneration. The objective findings included an antalgic gait; a slow gait; restricted thoracic spine range of motion with flexion and extension; loss of normal lumbar lordosis with straightening of the spine; restricted lumbar range of motion with flexion limited to 40 degrees due to pain; limited lumbar extension to 5 degrees with pain; tenderness to palpation of the lumbar paravertebral

muscles on the left side; ability to walk on heels and toes; positive left lumbar facet loading; positive left straight leg raise test; and decreased sensation to pinprick over the L5 and S1 lower extremity dermatomes on the left. The treatment plan included the continued use of Norco three times a day as needed for pain. It was noted that there was increased function with medications. The injured worker's status was noted as permanent and stationary, and he was currently not working on 04-21-2015 and 05-19-2015). The treating physician requested Norco 10-325mg #90 and a urine drug screen. On 09-25-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #90 and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there were no reported side effects from the opioids used, including Norco; however, there was only a repeating general inquiry and response recorded in the notes on the pain reduction from the collective use of his medications. There was no report seen recent or otherwise of how Norco effectively reduced pain and improved function, relative to him taking all the other medications at the same time, vs. without the Norco. This is the only reliable way to assess medications individually and requires that the provider periodically gather this information in order to help justify continuation of a particular medication, such as Norco. Also, reports of reduction in pain from injections should have resulted in weaning down of this medication successfully, as there was a report of 50% reduction in pain; however no weaning attempt is seen in the records. Therefore, considering these factors, the request for Norco at this time seems to be not medically necessary at this time.

Urine drug screen: Upheld

Claims Administrator 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: Pain (chronic) - Criteria for use of Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, differentiation: dependence & addiction.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time and afterwards yearly or more frequently in settings of increased risk of abuse, in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was insufficient information provided in the notes available for review to show a significant risk for misuse of the opioids prescribed to warrant frequent drug testing beyond yearly. Therefore this request for urine drug screening will be considered medically unnecessary at this time.