MAXIMUS Federal Services

Case Number:	CM15-0195222		
Date Assigned:	10/09/2015	Date of Injury:	09/12/2007
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/05/2015

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 low back pain (LBP) reportedly associated with an industrial injury of September 12, 2007. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve requests for Norco and urine drug testing. The claims administrator referenced an office visit dated September 22, 2015 in its determination. The applicant's attorney subsequently appealed. On said September 22, 2015 office visit, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar laminectomy. The applicant reported difficulty getting out of bed, standing, and walking. Issues with sleep disturbance were reported. The applicant was on aspirin, Lipitor, and Norco, it was reported. Norco was seemingly renewed. Drug testing was sought. The applicant was using alcohol moderately and smoking every day, the treating provider reported in the social history section of the note. The treating provider suggested (but did not clearly state) that the applicant was not working with permanent limitations in place as of this date. The attending provider stated that medication consumption was ameliorating the applicant's ability to perform grocery shopping in unspecified amounts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia.

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

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or 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, however, the applicant did not appear to be working with permanent limitations in place, the treating provider suggested (but did not clearly state) on September 22, 2015. While the treating provider stated in some sections of the note that Norco is beneficial, these reports were, however, outweighed by the attending provider's failure to clearly report the applicant's work status, the applicant's seeming failure to return to work, the attending provider's failure to outline meaningful, material, and substantive improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's commentary to the effect that the applicant's ability to go grocery shopping in unspecified amounts with ongoing medication consumption did not constitute evidence of a meaningful or material benefit derived as a result of ongoing Norco usage. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests "immediate discontinuation" of opioids in applicants who are engaged in evidence of illicit drug and/or alcohol usage in conjunction with opioid therapy. Here, the attending provider stated on September 22, 2015 that the applicant was a moderate alcohol user, at times drinking three to four beers a day on weekend, for instance. It appears, thus, that discontinuation of opioid therapy was seemingly a more appropriate option than continuation of the same in the clinical context present here. Therefore, the request was not medically necessary.

Retrospective urine toxicology (DOS: 09/22/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic): Urine Drug Testing.

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) Urine drug testing (UDT), Pain (Chronic).

Decision rationale: Similarly, the request for retrospective urine toxicology testing (AKA urine drug testing) was likewise not medically necessary, medically appropriate, or indicated here. Page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that drug testing is recommended as an option in the chronic pain population, to assess for the presence or absence of illegal drugs. This recommendation is, however, qualified by commentary made in ODG's Chronic Pain Chapter Urine Drug Testing topic to the effect that an attending provider

should attempt to conform to the best practices of the [redacted] when performing testing, clearly indicate when an applicant was last tested, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, it was not clearly stated when the applicant was last tested. The attending provider neither signaled his intention to eschew confirmatory or quantitative testing nor signaled his intention to conform to the best practices of the [redacted] to perform drug testing. There is no mention of whether the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would have been indicated. 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.