

Case Number:	CM15-0199204		
Date Assigned:	10/14/2015	Date of Injury:	07/01/2014
Decision Date:	11/23/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 28 year old male, who sustained an industrial injury on 07-01-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical spine strain or sprain, cervical radiculopathy, lumbar disc protrusion and radiculopathy, and left shoulder derangement. Medical records (02-04-2015 to 05-15-2015) indicate ongoing constant neck pain with radiating pain, numbness and tingling to the left upper extremity; constant low back pain with radiating pain, numbness and tingling into the left lower extremity; and frequent to constant left shoulder pain. Pain levels were rated 6-7 out of 10 in severity on a visual analog scale (VAS) for the neck, 7-8 out of 10 for the low back, and 5-7 out of 10 for the left shoulder. Records did not specifically address activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 05-15-2015, revealed restricted range of motion (ROM) in the cervical spine, tenderness to palpation along the cervical spine and trapezius muscles with spasms, restricted ROM in the left shoulder, restricted ROM in the lumbar spine, tenderness to palpation along the lumbar spine with palpable spasms along the paravertebral muscles of the lumbar spine bilaterally, positive straight leg raise on the left, and decreased motor strength and sensation over the L5-S1 nerve root distribution. Relevant treatments have included: physical therapy (PT) resulting in worsening of symptoms, work restrictions, and medications (Xanax and Norco since at least 10-2014). Pain was reported to be reduced from 8-10 out of 10 without medications to 0-5 out 10 after taking or using medications. Per the PRs, the pain levels were progressively worsening despite the use of medications. The treating physician indicates that there were no adverse side-effects from medications. The request for authorization (07-07-2015) shows that the following medications and test were requested: retrospective Norco 10-325mg #120 (DOS: 07-06-2015), retrospective

Xanax 1mg #60 (DOS: 07-06-2015), and a retrospective urine drug screen (DOS: 07-06-2015). The original utilization review (09-11-2015) partially approved the retrospective requests for Norco 10-325mg #120 (DOS: 07-06-2015) and Xanax 1mg #60 (DOS: 07-06-2015), and non-certified the retrospective request for a urine drug screen (DOS: 07-06-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg (DOS 7/6/15) qty: 120: 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, Opioids, long-term assessment.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/6/15. The criteria set forth in the guideline have not been met and therefore the request is not medically necessary.

Retrospective Xanax 1mg (DOS 7/6/15) qty: 60: Upheld

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

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

Decision rationale: According to the CA Chronic Pain Medical Treatment Guidelines, page 24, Benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case, the injured worker has been taking Xanax since at least 10/14. This exceeds the recommended duration for treatment set forth in the guidelines. Therefore, the request for Xanax is not medically necessary.

Retrospective Urine drug screen (DOS 7/6/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation ACOEM update 2008 Chronic pain, Opioids page 143; Official Disability Guidelines (ODG), 2014, Pain.

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.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, page 43, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Recommend screening for the risk of addiction prior to initiating opioid therapy. It is important to attempt to identify individuals who have the potential to develop aberrant drug use both prior to the prescribing of opioids and while actively undergoing this treatment. Most screening occurs after the claimant is already on opioids on a chronic basis, and consists of screens for aberrant behavior/misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the medical records do not note history of illicit drug use or inconsistent UDT in the past. This would indicate the injured worker would be low risk for addiction and aberrant behavior. According to the guidelines he should have UDT six month after the initiation of therapy and annually thereafter. The worker had UDT performed on 11/26/14 and 3/9/15. Therefore, the request is not medically necessary.