

Case Number:	CM15-0208039		
Date Assigned:	10/26/2015	Date of Injury:	10/03/2000
Decision Date:	12/09/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/22/2015

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: Washington, 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 injured worker is a 33 year old male with a date of injury on 10-03-2000. The injured worker is undergoing treatment for lumbosacral neuritis and long-time medication use. Treatment to date has included medications. Current medications include Norco (with stable dosing since at least 01-02-2015), and Motrin. A urine drug screen was last done on 04-06-2015. A physician note, dated 04-03-2015, documented the injured worker had continued back pain. Medications were working well without side effects. His medications helped decrease his pain and improve his function. No aberrant behavior. He rated his pain as 5 out of 10 with medications. A physician progress note dated 09-23-2015 documented the injured worker had continued complaints of chronic back pain. His pain was severe at times. He rated his pain as 8 out of 10 without his medications and 3 out of 10 with medications. His medications help with his pain and improve his function. On exam there was pain in the lumbar paravertebral areas laterally. Neurologic exam was normal. The Request for Authorization dated 09-23-2015 included Norco 10/325mg #210 and a urinalysis. On 10-07-2015 Utilization Review modified the request for Norco 10/325mg #210 to Norco 10-325mg #90, and the Retrospective request: 1 urinalysis (DOS 9/23/2015) has been non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #210: Overturned

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 General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10mg hydrocodone per 325mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic neuropathic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When treating moderate to severe nociceptive pain, defined as non radicular pain caused by continual injury, the MTUS considers opioid therapy to be the standard of care. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose, and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. This patient appears to have nociceptive low back pain. The provider is following the MTUS monitoring recommendations and continued use of opioid preparations would be safe. Medical necessity for continued use of this medication has been established. Therefore, the request is medically necessary.

Retrospective request: 1 urinalysis (DOS 9/23/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (test. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part I; Evidence Assessment, Pain Physician 2012; 15:S1-S66 and Keary CJ, Wang Y, Moran JR, Zayas LV, Stern TA. Toxicologic

Testing for Opiates: Understanding False-Positive and False- Negative Test Results. The Primary Care Companion for CNS Disorders. 2012; 14 (4): PCC.12f01371.

Decision rationale: A urine drug test is a technical analysis of a urine sample used to determine the presence or absence of specified parent drugs or their metabolites. Even though drug-testing a blood sample is considered to be the most accurate test for drugs or their metabolites it is more time consuming and expensive than urine testing. In fact, Keary, et al, notes that most providers use urine toxicology screens for its ease of collection and fast analysis times. According to the MTUS, urine drug testing is recommended as an option for screening for the use of or the presence of opioid and/or illegal medications. It recommends regular drug screening as part of on-going management of patients on chronic opioid therapy. The American Society of Interventional Pain Physicians guidelines specifically notes use of urine toxicology screens to help assess for patient abuse of medications and comments that this method of screening has become the standard of care for patients on controlled substances. This patient is on two controlled substances (Tramadol and Norco). Additionally, there is the possibility of drug- seeking behavior since the patient has gone to more than one provider asking for pain medications. Regular monitoring of the urine is appropriate. The medical record on 9-15-2015 documented the request for a urine drug screen not a urinalysis. Medical necessity for a urine drug screen not a urinalysis has been established. Therefore, the request for urinalysis is not medically necessary.