

Case Number:	CM15-0020862		
Date Assigned:	02/10/2015	Date of Injury:	02/09/2004
Decision Date:	04/01/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/04/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female who sustained a work related injury February 9, 2004. While working with equipment in a factory, a 20 pound machine fell and struck her left knee. She was treated with medications. Past history included diabetes mellitus, hypertension and respiratory allergies. According to a secondary treating physician's progress report dated January 12, 2015, the injured worker presented for a follow-up visit with complaints of pain in the neck, lower back, bilateral leg and bilateral hand. The pain is constant and there is a numb sensation in her legs. The pain is rated 10/10 without medication and 7/10 with medication. She is currently taking Norco and Gabapentin and has had a transforaminal epidural injection bilateral L4-L5, L5-S1 with 40% pain relief. Diagnosis is documented as lumbar, cervical, and left knee sprain/strain. Treatment included continue medications, increase physical activity, encouraged weight loss, continue use of LSO brace up to 4 hours per day and signed a narcotic agreement with urine drug screen scheduled for present visit. According to utilization review dated January 15, 2014, the request for Norco 5/325mg #120 has been modified to Norco 5325mg #90, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for (1) Urine drug screen is non-certified, citing Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The 60 year old patient presents with pain in the lower back, neck, bilateral legs, and bilateral hands along with constant and numb sensation in the legs, as per progress report dated 01/12/15. The request is for NORCO 10/325 mg 120 COUNT. The RFA for the request is dated 01/09/15, and the patient's date of injury is 02/09/04. The patient rates her pain as 10/10 without medications and 7/10 with medications, as per progress report dated 01/12/15. Diagnoses included lumbar sprain/strain, cervical sprain/strain, and left knee sprain/strain. Medications included Norco, Gabapentin and Cymbalta. The progress reports do not document the patient's work status clearly. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 09/17/14, and the patient is taking the medication consistently at least since then. In progress report dated 01/12/15, the treater states that medications help lower the pain from 10/10 to 7/10. The treater states that the patient is taking Norco with "30-40% pain relief." The report states that the patient does not have any side effects. In progress report dated 12/09/14, the treater states that Norco helps calm the pain and improve function throughout the day. "Patient states that taking pain medication she can walk for 20-25 minutes and sit for 1 hour and without taking pain medication she can walk for 10 minutes and sit for 30 minutes," the report notes. The patient has undergone several urine toxicology screens. The most recent sample was collected during the 01/12/15 visit. Given the clear discussion about the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, this request IS medically necessary.

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The 60 year old patient presents with pain in the lower back, neck, bilateral legs, and bilateral hands along with constant and numb sensation in legs, as per progress report dated 01/12/15. The request is for ONE URINE DRUG SCREEN. The RFA for the request is

dated 01/09/15, and the patient's date of injury is 02/09/04. The patient rates her pain as 10/10 without medications and 7/10 with medications, as per progress report dated 01/12/15. Diagnoses included lumbar sprain/strain, cervical sprain/strain, and left knee sprain/strain. Medications included Norco, Gabapentin and Cymbalta. The progress reports do not document the patient's work status clearly. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "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. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders."In this case, the patient is taking Norco (an opioid) at least since 09/17/14. MTUS requires regular urine drug screening to ensure compliance. However multiple urine toxicology screenings have been noted for this patient in the last one year. The treater does not provide the patient's opioid dependence risk assessment. MTUS recommends only annual screenings in low-risk patients. Hence, the request IS NOT medically necessary.