

Case Number:	CM15-0021526		
Date Assigned:	03/18/2015	Date of Injury:	08/01/2006
Decision Date:	04/23/2015	UR Denial Date:	01/08/2015
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: Texas, California
 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:

This is a 55 year old male patient, who sustained an industrial injury on 08/01/2006. He sustained the injury due to cumulative trauma of the low back. The diagnoses include status post cervical and lumbar surgeries, cervical and lumbar radiculitis, cervical and lumbar facet arthropathy and lumbar myofascial strain. Per the doctor's note dated 2/11/2015, he has had complains of severe neck pain, back pain, psych, upper extremity and body system complaints. The physical examination revealed tenderness and limited range of motion of the cervical and lumbar spine, decreased sensation in L4 and right C6 dermatomes. The medications list includes norco, tylenol, nortriptyline, gabapentin, coumadin, fenofibrate, lipitor, benazepril, levothyroxine and zoloft. He has undegone cervical decompression and fusion at C5-6 April 2012, micro lumbar decompression x3 January 2012. He has had electromyogram and nerve conduction studies, MRI's of lumbar, thoracic and cervical spine and CT scans. He has had physical therapy. He has had urine drug screen on 11/25/2014. The treatment plan includes using bilateral splints at night for carpal tunnel surgery, dispense Ketoprofen cream over paraspinals for pain relief, Increase Nortriptyline for neuropathic pain, dispense Gabapentin for neuropathic pain, continue Norco for breakthrough pain, request pain psychology consult for chronic pain management, await MRI authorization for further treatment options. Requests were made for follow-Up Visit, L4-5 Right Transforaminal Epidural Steroid Injection, Norco 5/325 MG #30, 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 5/325 MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Weaning of medications Page(s): 91 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 74-80.

Decision rationale: Request: Norco 5/325 MG #30 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." In addition according to the cited guidelines "short-acting opioids: also known as 'normal-release' or 'immediate-release' opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short acting opioids include Morphine (Roxanol), Oxycodone (OxyIR, Oxyfast), Endocodone, Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tylox, Endocet), Hydrocodone with acetaminophen, (Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco), Hydromorphone (Dilaudid, Hydrostat). (Baumann, 2002)." According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." Per the records provided patient had severe pain over multiple areas. He has objective findings including tenderness and limited range of motion of the cervical and lumbar spine, decreased sensation in L4 and right C6 dermatomes. He has undergone cervical and lumbar spine surgery. Norco was prescribed in a low dose and in a small amount for prn use to manage exacerbations of significant chronic pain. In addition, patient has also tried non-opioids for pain- gabapentin and nortriptyline. The request for Norco 5/325 MG #30 is deemed medically appropriate and necessary for this patient at this time for prn use.

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43, 77-80 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Request: Urine Drug Screen Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The patient is taking norco which is an opioid. It is medically necessary to perform a urine drug screen periodically to monitor the appropriate use of controlled substances in patients with chronic pain. The request of Urine drug screen is medically appropriate and necessary for this patient at this juncture.