

Case Number:	CM15-0022770		
Date Assigned:	02/11/2015	Date of Injury:	05/14/2011
Decision Date:	03/25/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/05/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 64 year old female, who sustained an industrial injury on May 14, 2011. The injured worker has reported an injury to the left knee, right hip and lower back. The diagnoses have included left knee post-traumatic medical compartment osteoarthritis, compensatory right knee pain, chronic lumbar strain and disc herniation. Treatment to date has included pain management, x-rays of the left knee and lumbar spine, left knee viscosupplementation injections, Cortisone injections to the left knee, lumbar epidural steroid injections, physical therapy and left knee surgery in 2011. Current documentation dated November 6, 2014 notes that the injured worker reported persistent low back pain with radiation to the lower extremities rated at a nine out of ten. She also reported left knee pain rated at an eight out of ten and right hip pain rated a six out of ten on the Visual Analogue Scale. The pain was better with pain medication and rest. Physical examination of the lumbar spine revealed pain and limited range of motion due to the pain. Examination of the bilateral knees showed tenderness medially and crepitus with range of motion. On February 3, 2015 Utilization Review non-certified a request for Norco 10/325 mg # 90 and a urine toxicology screen. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On February 5, 2015, the injured worker submitted an application for IMR for review of Norco 10/325 mg # 90 and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 64 year old female has complained of left knee pain, right hip pain and low back pain since date of injury 5/14/2011. She has been treated with knee surgery, epidural steroid injection, steroid injection, viscosupplementation, and medications to include opioids since at least 10/2012. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy, Norco is not indicated as medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; steps to avoid misuse Page(s): 89, 94.

Decision rationale: This 64 year old female has complained of left knee pain, right hip pain and low back pain since date of injury 5/14/2011. She has been treated with knee surgery, epidural steroid injection, steroid injection, viscosupplementation, and medications to include opioids since at least 10/2012. The current request is for urine toxicology screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. Based on the above-cited MTUS guidelines and the available medical records, urine toxicology screen is not indicated as medically necessary.