

Case Number:	CM15-0023100		
Date Assigned:	02/12/2015	Date of Injury:	03/09/2001
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/06/2015

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: Emergency 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 59 year old male, who sustained an industrial injury on 3/9/2001. Details of the initial injury were not submitted for this review. The diagnoses have included lumbar facet syndrome with stenosis. He is status post Open Reduction and Internal Fixation (ORIF) right shoulder and status post bilateral total knee arthroplasty. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and analgesic. Currently, the IW complains of continued right shoulder pain, low back pain and intermittent knee pain. On 10/21/14, physical examination documented tenderness in low lumbar muscles and decreased Range of Motion (ROM). The plan of care included continuation of previously prescribed medications, and future follow up. On 1/13/2015 Utilization Review non-certified a Re-evaluation Date of Service 1/22/15, Norco 10/325mg #75, and a urine toxicology screen, noting the documentation failed to support medical necessity. The MTUS Guidelines were cited. On 2/6/2015, the injured worker submitted an application for IMR for review of Re-evaluation Date of Service 1/22/15, Norco 10/325mg #75, 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:

Retrospective Re-evaluation (1/22/15): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Assessing red flag conditions,Chronic Pain Treatment Guidelines Chronic Pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested RETROSPECTIVE Re-evaluation (1/22/15), is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has continued right shoulder pain, low back pain and intermittent knee pain. On 10/21/14, physical examination documented tenderness in low lumbar muscles and decreased Range of Motion (ROM). The injured worker will need to be re-evaluated and assess the medical necessity for continue pharmaceutical intervention. The criteria noted above having been met, RETROSPECTIVE Re-evaluation (1/22/15) is medically necessary.

Norco 10/325mg #75: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg #75, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continued right shoulder pain, low back pain and intermittent knee pain. On 10/21/14, the treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above having been met, Norco 10/325mg #75 is medically necessary.

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The requested Urine toxicology screen is medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has continued right shoulder pain, low back pain and intermittent knee pain. On 10/21/14, the treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months, nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above having been met, Urine toxicology screen is medically necessary.