

Case Number:	CM15-0215040		
Date Assigned:	11/04/2015	Date of Injury:	11/07/1993
Decision Date:	12/16/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/02/2015

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 65 year old male who sustained an industrial injury on 11-07-1993. According to a progress report dated 10-09-2015, the injured worker reported constant headaches rated 8-9 out of 10, constant neck pain rated 8 with radiation into the bilateral upper extremities with numbness and tingling and constant low back pain rated 8 with radiation into the bilateral lower extremities with numbness and tingling. There was tenderness to palpation along the lumbar spine. Straight leg raise was positive bilaterally. Diagnoses included headaches, cervical spine sprain strain, cervical spine radiculopathy, status post L4-L5 lumbar fusion and elevated blood pressure. The treatment plan included Norco 10-325 mg #150, Omeprazole and Cyclobenzaprine. A qualitative urine drug screen was administered. Work status was deferred to primary treating physician. Documentation shows use of Norco dating back to 2011. The most recent urine toxicology performed on 07-16-2014 was positive for Hydrocodone, Norhydrocodone and Cyclobenzaprine and was noted as consistent. Inconsistent results included negative Oxycodone and positive Meprobamate. On 10-21-2015, Utilization Review modified the request for Norco 10-325 mg #150 and non-certified the request for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Norco 10/325mg #150, is not 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 constant headaches rated 8-9 out of 10, constant neck pain rated 8 with radiation into the bilateral upper extremities with numbness and tingling and constant low back pain rated 8 with radiation into the bilateral lower extremities with numbness and tingling. There was tenderness to palpation along the lumbar spine. Straight leg raise was positive bilaterally. Diagnoses included headaches, cervical spine sprain strain, cervical spine radiculopathy, status post L4-L5 lumbar fusion and elevated blood pressure. The treatment plan included Norco 10-325 mg #150, Omeprazole and Cyclobenzaprine. A qualitative urine drug screen was administered. Work status was deferred to primary treating physician. Documentation shows use of Norco dating back to 2011. The most recent urine toxicology performed on 07-16-2014 was positive for Hydrocodone, Norhydrocodone and Cyclobenzaprine and was noted as consistent. Inconsistent results included negative Oxycodone and positive Meprobamate. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Norco 10/325mg #150 is not medically necessary.

Urine Drug Screen: Overturned

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): Drug testing.

Decision rationale: The requested Urine Drug Screen 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 constant headaches rated 8-9 out of 10, constant neck pain rated 8 with radiation into the bilateral upper extremities with numbness and tingling and constant low back pain rated 8 with radiation into the bilateral lower extremities with numbness and tingling. There was tenderness to palpation along the lumbar spine. Straight leg raise was positive bilaterally. Diagnoses included headaches, cervical spine sprain strain, cervical spine radiculopathy, status post L4-L5 lumbar fusion and elevated blood pressure. The treatment plan included Norco 10-325 mg #150, Omeprazole and

Cyclobenzaprine. A qualitative urine drug screen was administered. Work status was deferred to primary treating physician. Documentation shows use of Norco dating back to 2011. The most recent urine toxicology performed on 07-16-2014 was positive for Hydrocodone, Norhydrocodone and Cyclobenzaprine and was noted as consistent. Inconsistent results included negative Oxycodone and positive Meprobamate. The treating physician has documented inconsistencies on previous drug screening. The criteria noted above having been met, Urine Drug Screen is medically necessary.