

Case Number:	CM15-0215055		
Date Assigned:	11/04/2015	Date of Injury:	12/08/1998
Decision Date:	12/18/2015	UR Denial Date:	10/20/2015
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 67 year old female who sustained an industrial injury on December 8, 1998. Medical records indicated that the injured worker was treated for back pain. Medical diagnoses include lumbar disc degenerative disc disease, radiculopathy and spondylosis. In the provider notes dated October 13, 2015 the injured worker complained of frequent sharp back pain. She reports "she benefitting from physical therapy." She rates her pain 0 on the pain scale. On exam, the documentation stated there minimal tenderness of the lumbar paraspinals with normal sensation. She uses an assistive device for ambulation. The treatment plan is for refill of medications, repeat interlaminar steroid injection and urine drug screen. A Request for Authorization was submitted for comprehensive quantitative urine drug screen and Norco 10 325 mg po q day #30 refill x1. The Utilization Review dated October 20, 2015 non-certified the request for comprehensive quantitative urine drug screen and modified Norco 10 325 mg po q day #30 refill x 1 to Norco 10 325 mg for one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive quantitative urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Urine drug testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) "Pain (Chronic)", "Urine Drug Testing".

Decision rationale: While the MTUS Chronic pain guidelines and ACOEM guidelines have general recommendations concerning urine drug testing, both guidelines do not adequately deal with quantitative testing. As per Official Disability Guidelines (ODG), routine quantitative drug screening is not recommended due to variability in volume, concentration, metabolism etc. that makes the results none diagnostic. Patient is chronically on opioids but there is no documentation of drug abuse concerns or change in patient's pain or medication use. There is no documentation by provider as to why urine drug screening was requested and why specifically why a quantitative level was needed. Quantitative Urine Drug screen is not medically necessary.

Norco 10/325mg po q day #30 Refills 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails all criteria. There is no documentation of any improvement in pain or function with medication. Documentation from last note states "0/10" pain but that is likely in error. There is no submitted prior urine drug screen or assessment for abuse or side effects. Therefore the request is not medically necessary.