

Case Number:	CM15-0216604		
Date Assigned:	11/06/2015	Date of Injury:	01/24/1990
Decision Date:	12/21/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/03/2015

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: New Jersey

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 66 year old woman sustained an industrial injury on 1-24-1990. Diagnoses include cervicgia, arthropathy of cervical facet joint, degenerative disc disease, bilateral carpal tunnel syndrome. Treatment has included oral medications including Ambien, Norco, and Gabapentin and physical therapy. Physician notes dated 10-7-2015 show complaints of neck pain rated 10 out of 10 with stiffness, muscle spasms, tenderness, headache, and shoulder pain. The physical examination shows tenderness to paravertebral muscles of C3-C7 with spasms. Tenderness to palpation is also noted to the bilateral shoulders. Recommendations include urine drug screen, continue Ambien, Norco, Gabapentin, and follow up in one month. Utilization Review denied requests for urine drug screen and Ambien and modified a request for Norco on 10-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Drug testing, Opioids, differentiation: dependence & addiction.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards yearly or more frequently in settings of increased risk of abuse, in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, Norco was used and frequent drug screening was performed, the most recent noted as being in 7/2015, which was consistent with current medication use. No evidence was found to suggest this worker was abusing drugs or at risk of such to warrant frequent screening beyond once a year. Therefore, this request for a repeat urine drug screen will be considered medically unnecessary.

Ambien 5 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long-term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, sedative hypnotics such as Lunesta and Ambien were used chronically leading up to this request for continuation of Ambien use, which is the most recent addition. However, any of these medications are not recommended for chronic use as they had been used in this case. Therefore, continuation of Ambien is not medically necessary. However, weaning may be indicated.

Norco 10/325 MG #75: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this reviewer and upon review of the provided notes, it appears that this full review has been completed recently regarding Norco use, which was used by the worker regularly. The Norco was stated to bring down the pain level from 10/10 to 7/10 VAS, allow the worker to get out of bed easier, and do her activities of daily living. Although the specific activities she was capable of directly related to this medication was not seen, when the worker did not use it, her function was said to worsen. This should be enough evidence to suggest benefit with continued use of Norco. Also the urine drug screening was normal, and no side effects were noted. Therefore, the request for #75 pills of Norco will be considered medically necessary. However, continued weaning is still recommended to find the lowest effective dose and frequency.