MAXIMUS Federal Services

Case Number:	CM15-0218936		
Date Assigned:	11/10/2015	Date of Injury:	11/05/2002
Decision Date:	12/22/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on 11-5-02. The injured worker was being treated for neck pain, cervical disc disease, cervical radiculitis, cervical spinal stenosis and chronic pain syndrome. On 9-14-15 the injured worker complained of pain not well controlled on pain medications, complains of stiff neck and bilateral arm pain rated 6 out of 10 with medications and 8 out of 10 without medications and on 10-26-15, the injured worker complains of increased pain in neck, elbows and hands due to cold weather. She rates the pain 7 out of 10 without medication and 5 out of 10 with medication. Physical exam performed on 9-14-15 and 10-26-15 revealed restricted cervical range of motion, reduced light touch on left first four digits and normal strength of upper extremities. Urine drug screen performed on 8-3-15 was inconsistent with medications prescribed as Hydrocodone was prescribed; however not detected. Treatment to date has included bilateral radial tunnel surgery, bilateral carpal tunnel releases, psychotherapy, cervical epidural steroid injection (reduced pain by about 50%), oral medications including Norco 5-325mg (since at least 6-22-15 without documentation of functional improvement), Ablilfy and Cymbalta; Request for authorization was submitted on 10-29-15 for Norco 10-325mg #60 and Urine toxicology screen completed on 10- 26-15.On 11-5-15 request for Norco 10-325mg #60 and Urine toxicology screen completed on 10-26-15 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov;94 (2):149-58.

Decision rationale: The claimant has a remote history of a cumulative trauma work injury with date of injury in November 2002. She has a history that includes bilateral carpal tunnel release and radial tunnel surgeries. She continues to be treated for neck and bilateral upper extremity pain and has secondary major depressive disorder. In June 2015 there had been improvement after a cervical epidural steroid injection done the month before. A CURES report in July 2015 indicated that she had received diazepam and 2 tablets of Norco after laser surgery and she was counseled about opioid use. Urine drug testing in August 2015 had been negative with the result attributed to her only taking the medication two times per day. Urine drug screening in May 2015 had been consistent. In September 2015 her pain was not well controlled. Medications were decreasing pain from 8/10 to 6/10. Her Norco dose was increased from 5/325 mg to 10/325 mg. When seen in October 2015 she was having increased pain attributed to cold weather. Medications were now decreasing pain from 7/10 to 5/10. Physical examination findings included decreased left upper extremity sensation. There was decreased cervical spine range of motion. The increase in her dose of Norco was helping to control her pain and she was able to function better. Norco 10/325 mg #60 was continued. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing what is considered a clinically significant decrease in pain. Urine drug screening and CURES reports are being utilized and being addressed. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Retrospective request for Urine toxicology screen Qty 1 DOS 10/26/2015: 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. Decision based on Non-MTUS Citation Official DisabilityGuidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant has a remote history of a cumulative trauma work injury with date of injury in November 2002. She has a history that includes bilateral carpal tunnel release and radial tunnel surgeries. She continues to be treated for neck and bilateral upper extremity pain and has secondary major depressive disorder. In June 2015 there had been improvement after a cervical epidural steroid injection done the month before. A CURES report in July 2015 indicated that she had received diazepam and 2 tablets of Norco after laser surgery and she was counseled about opioid use. Urine drug testing in August 2015 had been negative with the result attributed to her only taking the medication two times per day. Urine drug screening in May 2015 had been consistent. In September 2015 her pain was not well controlled. Medications were decreasing pain from 8/10 to 6/10. Her Norco dose was increased from 5/325 mg to 10/325 mg. When seen in October 2015 she was having increased pain attributed to cold weather. Medications were now decreasing pain from 7/10 to 5/10. Physical examination findings included decreased left upper extremity sensation. There was decreased cervical spine range of motion. The increase in her dose of Norco was helping to control her pain and she was able to function better. Norco 10/325 mg #60 was continued. Criteria for the frequency of urine drug testing include risk stratification. The claimant has poorly controlled depression and would be considered at moderate risk for addiction/aberrant behavior. In this clinical scenario, urine drug screening is recommended 2 to 3 times a year. The claimant has already had two urine drug screening tests in the past six months and the results have been interpreted as consistent with the medication dose being prescribed. A third urine drug screening within six months is not medically necessary.