

Case Number:	CM15-0034122		
Date Assigned:	03/02/2015	Date of Injury:	07/13/2006
Decision Date:	04/13/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/24/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 71-year-old who has filed a claim for chronic foot, knee, elbow, and shoulder pain reportedly associated with industrial injury of July 13, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee arthroscopy; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated February 6, 2015, the claims administrator failed to approve a request for urine drug testing and Norco. The claims administrator referenced a progress note of December 19, 2014 in its determination. The applicant's attorney subsequently appealed. On November 7, 2014, the applicant reported multifocal complaints of knee, low back, shoulder, and ankle pain. The applicant was reportedly using Naprosyn, Norco, and Prilosec. Urine drug testing was ordered on that occasion. Little to no discussion of medication efficacy transpired. The applicant was apparently asked to continue permanent work restrictions imposed by a medical-legal evaluator. It did not appear that the applicant was working with said limitation in place. Urine drug testing of January 12, 2015 was apparently negative for numerous articles, including opioids, but was positive for several benzodiazepine metabolites. Confirmatory and quantitative testing was performed on several different benzodiazepine metabolites. On December 19, 2014, the applicant again reported ongoing, multifocal complaints of knee, low back, and shoulder pain. Multiple medications including Naprosyn and Norco were renewed. Drug testing was again performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids³) Chelminski multi-disciplinary pain management program criteria Page(s): 80;85.

Decision rationale: No, the request for hydrocodone 10/325 mg (AKA Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, it was suggested, following imposition of permanent work restrictions by medical-legal evaluator. The attending provider failed to outline any quantifiable documents in pain or material improvements in function effected as a result of ongoing opioid therapy (if any). Page 85 of the MTUS Chronic Pain Medical Treatment Guidelines further suggests that urine drug tests which are negative for prescribed drugs on at least two occasions are an indicator for possible diversion. Here, the attending provider did not reconcile the negative urine drug testing of January 2015 with its decision to renew Norco. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. And on the Non-MTUS ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic) Urine drug testing (UDT).

Decision rationale: Similarly, the urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODGs Chronic Pain Chapter Urine Drug Testing topic, however, notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, should eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, and should attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Here, the attending provider apparently performed confirmatory/quantitative testing on

several different opioid and benzodiazepine metabolites, without any clear explanation for such testing. Therefore, the request was not medically necessary.