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| Case Number: | CM15-0045474 | | |
| Date Assigned: | 03/17/2015 | Date of Injury: | 01/24/2014 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 02/07/2015 |
| Priority: | Standard | Application Received: | 03/10/2015 |

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: Internal 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 37 year old male who sustained an industrial injury on 01/24/2014. Current diagnoses include lumbar myospasm, lumbar sprain/strain, disruptions of 24 hour sleep wake cycle, loss of sleep, sleep disturbances, anxiety, depression, irritability, nervousness, and psych diagnoses. Previous treatments included medication management, LINT therapy, and physical therapy. Previous diagnostic studies included a polysomnography, electrodiagnostic study, MRI, Trigger Points Impedance Imaging, and functional capacity evaluation. Report dated 08/25/2014 noted that the injured worker presented with complaints that included low back pain with stiffness and weakness and difficulty sleeping due to pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included awaiting psyche consult, nerve test results, orthopedic consult, cardiorespiratory report, functional capacity evaluation report, and sleep study report, LINT therapy, pain management report recommends lumbar epidural steroid injection, refer for aquatic therapy, and refer/schedule follow-up for pain management. Disputed treatments included Norco, specimen collection and handling, and urine toxicology screen. Documentation reviewed did not contain any current medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for low back conditions. Medical records document a history of low back complaints. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. The request was for Norco 10/325 mg #30 for the date of service 01-08-2015. The corresponding progress report was not present in the submitted medical records. No recent progress reports were present in the submitted medical records. Without recent progress reports, the request for Norco 10/325 mg, which is a Schedule II controlled substance, is not supported. Therefore, the request for Norco 10/325 mg #30 is not medically necessary.

Specimen Collection-handling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine

drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The request was for specimen collection handling for the date of service 01-08-2015. The corresponding progress report was not present in the submitted medical records. No recent progress reports were present in the submitted medical records. Without recent progress reports, the request for specimen collection handling, is not supported. Therefore, the request for a specimen collection handling is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The request was for urine toxicology screen for the date of service 01-08-2015. The corresponding progress report was not present in the submitted medical records. No recent progress reports were present in the submitted medical records. Without recent progress reports, the request for a urine toxicology screen, is not supported. Therefore, the request for a urine toxicology screen is not medically necessary.