MAXIMUS Federal Services

Case Number:	CM15-0055734		
Date Assigned:	04/01/2015	Date of Injury:	05/28/1996
Decision Date:	05/27/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/24/2015

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: California
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:

The injured worker is a 66 year old female, who sustained an industrial injury on 5/28/1996. The mechanism of injury was not noted. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included diagnostics, home exercise program, facet radiofrequency ablation (L4-5, L5-S1 on 6/27/2014), and medications. Currently (2/13/2015), the injured worker was seen for medication refills. She reported constant aching pain at the lumbosacral junction, rated 7/10, and buttock pain, rated 4/10. Intermittent neck pain, rated 6/10, was also reported. Medication use included Norco (1-2 per day since at least 10/2014), Celebrex, Zanaflex, Nexium, and Elavil. She stated that the use of medication allowed her to cook, clean and drive. Urine toxicology (1/16/2015) was documented to show the presence of ethyl sufate. Urine drug screen was repeated. The treatment plan included Norco refill. Her work status was permanent and stationary and she was retired. The progress report dated 12/19/2014 noted back pain (rated 0-2/10), buttock pain (4/10), and neck pain (6/10).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone / Acetaminophen (Norco) 7.5-325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic low back pain. The injury was work-related and the date of injury is 05/28/1196. This patient takes hydrocodone 7.5 mg twice a day. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with Norco is not medically necessary.

Retro: Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids- urine drug testing. Decision based on Non-MTUS Citation Transportation Workplace Drug and Alcohol Testing: http://www.dot.gov/odapc/part40, The Medical Review Officer's Manual, Swotinsky and Smith, 4th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

Decision rationale: This patient receives treatment for chronic low back pain. The injury was work-related and the date of injury is 05/28/1196. The mechanism for the original injury was not provided. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically necessary.