MAXIMUS Federal Services

Case Number:	CM15-0059913		
Date Assigned:	04/06/2015	Date of Injury:	05/16/2005
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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 59 year old male with an industrial injury dated May 16, 2005. The injured worker diagnoses include status post posterior lumbar interbody fusion L2-S1, chronic lumbar radiculopathy, degenerative retrolisthesis with disc bulging at L2-3, and cervical spine strain. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/22/2015, the injured worker reported low back pain, hip pain, numbness, weakness, loss of sensation, and decreased mobility. In a progress report dated 2/5/2015, the treating physician noted tenderness to palpitation in the cervical spine, thoracic spine, lumbar spine and bilateral knee. The treating physician prescribed services for urine drug screen and Norco now under review. UDS from 2/19/15 was consistent with positive opiate detection. 3/19/15 progress report notes that the recent increase to Norco #75 has helped, with pain 6/10 with medication (9/10 without) and increased mobility, tolerance of ADLs and home exercises. No aberrant behaviors were detected.

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 Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the patient underwent UDS approximately 1 month prior to the current request. The test was consistent with the prescriptions and there is no indication of high risk to support repeating the test at the proposed frequency. In light of the above issues, the currently requested urine toxicology test is not medically necessary.

Norco 10/325mg #75: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no aberrant use. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.