

Case Number:	CM13-0002827		
Date Assigned:	12/11/2013	Date of Injury:	11/10/1995
Decision Date:	02/15/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient has filed a claim for chronic low back pain, chronic midback pain, and chronic pain syndrome reportedly associated with an industrial injury of November 10, 1995. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified number of epidural steroid injections, including three injections since 2001; facet joints blocks; MRI imaging of the lumbar spine September 28, 2012, again notable for multilevel degenerative changes of uncertain clinical significance. The patient has apparently retired from work as a carpenter, it was suggested on a progress note of August 30, 2012. In a Utilization Review Report of July 8, 2013, the claims administrator denied a request for Norco and urine drug testing. The patient's attorney later appealed. An earlier progress note of May 2, 2013, is notable for comments that the patient reports persistent low back pain. The patient's pain continues to increase and his function continues to decrease. His mood is worsening. He reports 9/10 pain. His sleep, mood, stress, and activity have all worsened. The patient states that the injections are helping more than medications. He does not like to takes pills. He is presently on Norco and Motrin, it is stated. Painful and limited range of motion are noted. The patient is morbidly obese with a BMI of 37. Facet joint blocks are endorsed. An earlier note of April 2, 2013 is also reviewed and again does not recount any favorable response to medications. It is again stated that the patient's primary pain reliever are epidural injections. On June 26, 2013, it is again stated that the patient's pain is worsening and adversely impacting his performance of activities of daily living despite ongoing medication usage. Increased amounts of Norco are endorsed alongside urine drug testing and further injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and reduced pain affected as a result of ongoing opioid usage. In this case, however, there is no evidence that any of the aforementioned criteria have been met. The patient's pain appears heightened from visit to visit as opposed to improved from visit to visit. The attending provider has himself commented that medication therapy has not been that helpful in the past. There is no evidence that the patient has returned to work. There is no evidence of improved performance of nonwork activities of daily living effected as a result of ongoing opioid usage. Therefore, the request is not certified.

1 urine toxicology screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform urine drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug testing topic, criteria for pursuit of Urine Drug testing include provision of a complete list of medications that an applicant is taking along side the request for authorization for testing. The attending provider should also, ODG suggests, clearly state those drug tests and/or drug panel which he is testing for and/or a list of expected results. The attending provider should also document the date of last prior testing. In this case, however, none of the aforementioned criteria were seemingly met. The attending provider does not document the date of last Urine Drug testing. The attending provider did not clearly state what drug tests and drug panels which he was planning to test for. Therefore, the request remains non-certified, on Independent Medical Review.