

Case Number:	CM14-0116926		
Date Assigned:	08/04/2014	Date of Injury:	10/11/2011
Decision Date:	09/30/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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/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 is a 48 year old with an injury date on 10/11/11. Patient complains of worsening left-sided cervical pain, lumbar pain, and bilateral shoulder pain per 7/2/14 report. Patient also complains of sleep issues and GI distress per 7/2/14 report. Based on the 7/2/14 progress report provided by [REDACTED] the diagnoses are, s/s neck, s/s lumbar and thoracic/lumbosacral neuritis/radiculitis, unspecified, Exam on 7/2/14 showed "positive straight leg raise at 60 degrees and 4/5 strength in bilateral upper extremities." [REDACTED] is requesting 30 alprazolam 1mg, 1 PR-2 report, urine analysis, and 60 Norco 5-500mg. The utilization review determination being challenged is dated 7/9/14 and denies urine drug screen as multiple drug screens have been non-certified in prior utilization review letters. [REDACTED] is the requesting provider, and he provided treatment reports from 12/9/13 to 7/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Alprazolam 1 mg: 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 Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with neck pain, back pain, and bilateral shoulder pain. The physician has asked for 30 alprazolam 1mg on 7/2/14. Patient has been taking alprazolam since 5/21/14 report. Regarding Benzodiazepines, MTUS does not support its use for more than one month and for short-term only with clear goals. In this case, patient has been taking Alprazolam for more than a month without documentation of its effect on pain and function. The request for 30 alprazolam 1mg is not considered medically necessary at this time. Therefore the request is not medically necessary.

1 PR2 report: Overturned

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 Functional Restoration Approach to Chronic Pain Management,Pain Outcomes and Endpoints Page(s): 7,8,578. Decision based on Non-MTUS Citation ODG-TWC, CPT Procedure Code Index90889 Preparation of report Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers Export to Toolbox: UR Advisor Medicare Fee Schedule: \$0 ICD9 Diagnosis Codes (click on link to ODG duration guidelines): 001-999 ICD9 Major Categories.

Decision rationale: This patient presents with neck pain, back pain, and bilateral shoulder pain. The physician has asked for 1 PR-2 report on 7/2/14. MTUS page 8 states that the physician must provide monitoring of the patient's progress and coordinate treatment. PR-2 is a reporting format required by the state of CA. UR denial letter 7/9/14 was based on the opinion that the request was not under its scope. Recommendation is for authorization given the physician role and responsibilities for reporting. Therefore the request is medically necessary.

Urine analysis: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for Steps to avoid opioid misuse,Drug Testing Page(s): 94-95,43.

Decision rationale: This patient presents with neck pain, back pain, and bilateral shoulder pain. The physician has asked for urine analysis on 7/2/14. The patient has been taking Norco since 1/6/14 report. Review of reports show that there are no prior urine drug screens in patient's medical history. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. In this case, the physician has asked for drug screen to monitor current opiate usage and what has been provided thus far, which is in line with MTUS guidelines. Recommendation is for authorization. Therefore the request is medically necessary.

60 Norco 5-500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS (MTUS Page(s): 76-78).

Decision rationale: This patient presents with neck pain, back pain, and bilateral shoulder pain. The physician has asked for 60 Norco 5-500mg on 7/2/14. Patient has been taking Norco since 1/6/14 report. Per 4/23/14 QME, patient has not worked since 10/18/11. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the physician indicates a decrease in pain with current medications which include Norco, but there is no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, therefore the request is not medically necessary.