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| Case Number: | CM14-0132504 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 11/13/2007 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 07/24/2014 |
| Priority: | Standard | Application Received: | 08/19/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 45-year-old female with an 11/13/07 date of injury. At the time (6/26/14) of request for authorization for 1 urine drug screen and Norco 10/325mg #90, there is documentation of subjective findings consisting of neck pain radiating to upper extremities with numbness and tingling, and low back pain radiating to lower extremities with numbness and tingling, and constant right shoulder, right elbow, bilateral knees pain. There is also documentation of objective findings consisting of tenderness over the cervical and lumbar spines with spasms, positive bilateral straight leg raising test, antalgic gait, positive patellar grinding, and tender medial/lateral joint line. The current diagnoses include cervical radiculopathy, cervical sprain/strain, lumbar sprain/strain, lumbar radiculopathy, bilateral wrist sprain/strain, a right knee anterior cruciate ligament (ACL) tear, right knee lateral meniscus tear, and left knee medial meniscus tear. The treatment to date includes ongoing treatment with Norco since at least 11/8/13. A medical report identifies that there is ongoing opioid medication management. 5/5/14 medical report identifies that medication decrease pain and enables the patient to walk longer and increase sleep. Regarding the urine drug screen, there is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of urine drug screen. The ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, cervical sprain/strain, lumbar sprain/strain, lumbar radiculopathy, bilateral wrist sprain/strain, right knee ACL tear, right knee lateral meniscus tear, and left knee medial meniscus tear. In addition, there is documentation of ongoing opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for 1 urine drug screen is not medically necessary.

Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, cervical sprain/strain, lumbar sprain/strain, lumbar radiculopathy, bilateral wrist sprain/strain, right knee ACL tear, right knee lateral meniscus tear, and left knee medial meniscus tear. In addition, there is documentation of ongoing treatment with Norco. Furthermore, given documentation of ongoing opioid medication management, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that Norco, decreases pain and enables the patient to walk longer and increases sleep, there is documentation of functional benefit and improvement as an increase

in activity tolerance as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #90 is medically necessary.