

Case Number:	CM14-0180116		
Date Assigned:	11/04/2014	Date of Injury:	03/31/1997
Decision Date:	12/09/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal 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 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:

This is a case of a 52 year old female with a date of injury of 3/31/1997. She was transferring a heavy patient when she felt a pain in her lower back. She was subsequently diagnosed with lower back pain and chronic pain syndrome. In a report dated 10/7/2014 by [REDACTED], the patient complained of low back pain with bilateral leg and feet numbness as well as difficulty falling asleep. On physical exam, the patient was in no apparent distress and was able to rise from a seated to a standing position without difficulty. She had a normal gait, and tenderness to palpation over the C7 process on movement, tenderness over the iliolumbar area and iliolumbar tenderness on flexion at the waist to the knee as well as on extension. The patient was documented as having low risk of misuse of her medication by her treating physician. It was then requested that the patient obtain a blood test to show whether the patient is taking more or less medication than prescribed. An out of range blood test level may be an initial indication of a metabolic anomaly. The patient has also been treated with epidural steroid injections, physical therapy, acupuncture, and medication therapy. Her last urine drug test from 7/15/2014 was consistent with her opiate use. She has been on hydrocodone since at least 4/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for norco 10/325mg # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-79.

Decision rationale: Based on MTUS guidelines, short-acting opioids are seen as an effective method in controlling pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. When considering opioids for on-going management of chronic pain, adequate review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Consideration of a consultation with a multidisciplinary pain clinic is recommended if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Some of the reasons for discontinuation of opioids include if there is no overall improvement in function, unless there are extenuating circumstances, if there is continuing pain with evidence of intolerable adverse effects, if there is decrease of functioning, or resolution of pain. In this case, the patient has been on chronic opioid pain medications for at least the past 7 months without documentation of improvement in her pain levels or improvement of her functioning. It was previously recommended to begin weaning off of the narcotic pain medication and a supply of Norco tablets were approved for that purpose. Therefore, based on the evidence in this case and the MTUS guidelines, the request for Norco 10/325 mg #180 is not medically necessary.

1 Blood drawing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77,88,94.

Decision rationale: Based on MTUS guidelines, urine drug screening is recommended as an option to assess for the use or the presence of illegal drugs. Criteria used to define serious substance misuse in a multi-disciplinary pain management program include: (a) cocaine or amphetamines on urine toxicology screen; (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasion for opioids not routine prescribed. Also included under the heading of Opioids, steps to avoid misuse/addiction, it states that for those at high risk of abuse, frequent random urine toxicology screens are recommended. In this case, the patient is documented as low risk for abuse of her medication and her previous 2 urine toxicology screens have been consistent with her medication use. Therefore, based on MTUS

guidelines and the evidence in this case, the request for 1 Blood Drawing is not medically necessary.