

Case Number:	CM14-0072621		
Date Assigned:	07/16/2014	Date of Injury:	04/02/2001
Decision Date:	05/27/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/19/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 41 year old male, who sustained an industrial injury on April 2, 2001. The injured worker has been treated for back and right knee complaints. The diagnoses have included a medial meniscus tear right knee, chronic pain syndrome, lumbar degenerative disc disease, lumbar spinal stenosis, lumbar radiculitis and left facet joint disease. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, functional restoration program and right knee surgery. Current documentation dated April 22, 2014 notes that the injured worker reported constant low back pain rated a six to seven out of ten on the visual analogue scale. The pain radiated to the buttocks. Associated symptoms included numbness and tingling in the low back area. Physical examination of the low back revealed tenderness and a painful and restricted range of motion in all directions. The treating physician's plan of care included a request for a Urine Drug Screen and the medication Norco 10/325 mg # 140.

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 Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug testing.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are chronic pain syndrome; lumbar degenerative disease; lumbar stenosis; lumbar radiculitis; left facet joint disease; and status post right knee arthroscopic surgery. The documentation shows Norco 10/325 mg was prescribed as far back as July 31, 2013 when urine drug toxicology screen was ordered. The exact start date for Norco is not documented in the medical record. According to a progress note dated March 18, 2014 (request authorization UDS March 20, 2014), opiates subjectively provided 40 to 50% pain relief. The injured worker admits to a VAS pain score of 7/10. There are no other progress notes within a 12-month period to compare whether Norco was providing subjective and objective relief. There is no documentation in the medical record of aberrant drug-related behavior. There was no evidence of drug misuse or abuse. There was no clinical rationale in the medical record for a urine drug screen. There was no risk assessment to determine whether the injured worker was a low risk, intermediate or high risk for drug misuse or abuse. Consequently, absent clinical documentation with a clinical indication and rationale and a risk assessment to determine likelihood of drug misuse or abuse, urine drug testing is not medically necessary.

Norco 10/325 mg #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 140 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany

ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic pain syndrome; lumbar degenerative disease; lumbar stenosis; lumbar radiculitis; left facet joint disease; and status post right knee arthroscopic surgery. The documentation shows Norco 10/325 mg was prescribed as far back as July 31, 2013 when urine drug toxicology screen was ordered. The exact start date for Norco is not documented in the medical record. According to a progress note dated March 18, 2014 (request authorization UDS March 20, 2014), opiates subjectively provided 40 to 50% pain relief. The injured worker admits to a VAS pain score of 7/10. There are no other progress notes within a 12-month period to compare whether Norco was providing subjective and objective relief. There was no documentation of objective functional improvement. There was no attempt at weaning documented in the medical record. There were no risk assessments in the medical record and there were no detailed pain assessments in the medical record (with ongoing long-term opiate use). Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing long-term opiate use, risk assessments and detailed pain assessments, Norco 10/325mg # 140 is not medically necessary.