MAXIMUS Federal Services

Case Number:	CM15-0003508		
Date Assigned:	01/14/2015	Date of Injury:	02/02/2012
Decision Date:	04/03/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/07/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 64 year old female patient, who sustained a work related injury on 2/2/12. The diagnoses have included right elbow fracture, lumbar radiculopathy, right carpal tunnel syndrome and right shoulder pain. Per the PR-2 dated 9/16/14, she had complains of knee, hip, low back, shoulder and wrist pain. She had pain from 8/10 to 5/10 with medications. She is able to do necessary activities of daily living with the use of the pain medication. The physical examination revealed right knee tenderness. The medications list includes norco, losartan, celexa and maxzide. She has had x-rays, MRIs of right knee dated which revealed moderate diffuse subcutaneous edema; MRI lumbar spine dated 4/25/14 which revealed multilevel disc disease, MRI right shoulder dated 4/25/14; NCS/EMG study on 4/29/14. She has had right knee cortisone injection and Orthovisc injections to right knee. She has had last urine drug screen on 4/3/2013 and 5/29/14 with consistent results. She has been denied requests for physical therapy to back and shoulder, lumbar epidural steroid injection and for a hand surgeon consultation. On 12/19/14, Utilization Review non-certified retro requests for Norco 10/325mg., #180 and urine drug screen. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Q-1-Retro Norco 10/325mg #180Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines: A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided did not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects .Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided did not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. Response to lower potency opioids like tramadol was not specified in the records provided. Response to lower doses of Norco was also not specified in the records provided. Response to anticonvulsant for chronic pain was not specified in the records provided. With this, it is deemed that this patient did not meet criteria for ongoing use of opioids analgesic. The medical necessity of Retro Norco 10/325mg #180 is not established for this patient at this time.

Retro Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain(updated 03/23/15)Opioids, tools for risk stratification & monitoringUrine drug testing (UDT).

Decision rationale: Q-2-Retro Urine drug screen. Per the CA MTUS guideline cited above, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Per the cited guideline: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Any evidence that the patient had a history of taking illegal drugs or history of aberrant drug behavior was not specified in the records provided. In addition, she has had an urine drug screen on 4/3/2013 and 5/29/14 with consistent results. The rationale for a repeat urine drug screen was not specified in the records provided. The medical necessity of retro Urine drug screen was not established for this patient at that juncture.