

Case Number:	CM15-0006635		
Date Assigned:	01/26/2015	Date of Injury:	05/21/1996
Decision Date:	03/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/12/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 a 53-year-old male who reported an injury on 05/21/1996. His diagnoses include impingement to the left shoulder, lumbar spine sprain/strain, and status post left knee arthroscopy. His previous treatments included medications and surgery. On 01/06/2015, the injured worker complained of low back pain that radiated down his left lower extremity to his thigh. The injured worker was indicated to be utilizing Norco for pain relief for his flare ups, with a pain scale rated 3-4/10 with medication use and 8-9/10 without medication use. The injured worker indicated he had improved activities of daily living, as well as increased ability to sit, stand, walk, and work as the result of his current medication usage. His current medications were indicated to be Norco. The treatment plan included a refill of Norco 10/325 mg and a UDS for medication compliance. The Request for Authorization Form was submitted on 01/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg, sixty count is not medically necessary. According to the California MTUS Guidelines, patients on opioid regimens should have ongoing review and documentation in regards to pain relief, side effects, physical and psychosocial functioning, and monitoring for aberrant or nonadherent drug related behaviors. The injured worker was indicated to utilize Norco for pain relief to bring his pain scale of 8/10 to 9/10 down to 3/10 to 4/10 with improvements in his activities of daily living. However, there was lack of documentation to indicate the duration or length the injured worker has been using Norco. There was also lack of documentation in regards to monitoring for side effects, and the requested urine drug screen was not provided for review. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for a urine drug screen is not medically necessary. According to the California MTUS Guidelines, drug testing is used as an option to assess for the use or presence of illegal drugs. It may also be used for patients on opioids to assess for dependence, addiction, or misuse. The injured worker was indicated to have been on Norco for an unspecified duration of time to utilize it for pain management. However, there was lack of documentation to indicate the presence of illegal drugs, dependence, addiction, or misuse of his opioid regimen. In the absence of the above, the request is not supported by the evidence based guidelines. In addition, there was lack of a clear rationale to indicate medical necessity for a urine drug screen. As such, the request is not medically necessary.