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| Case Number: | CM15-0011133 | | |
| Date Assigned: | 01/29/2015 | Date of Injury: | 03/03/2000 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 01/16/2015 |
| Priority: | Standard | Application Received: | 01/21/2015 |

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 a 38-year-old female who reported an injury on 03/03/2000 due to an unspecified mechanism of injury. The injured worker reportedly sustained an injury to her low back that ultimately resulted in fusion surgery. The injured worker developed chronic low back pain postsurgically. The injured worker's postsurgical treatment history included multiple medications, a TENS unit, physical therapy, and activity modifications. The injured worker's most recent clinical evaluation was dated 01/07/2015. It was documented that the injured worker's diagnoses included status post lumbar fusion from the L5 to the S1 with residual back pain and degenerative disc disease. The injured worker's medications included Norco 10/325 mg. Objective findings included tenderness to palpation in the lower paravertebral musculature with restricted range of motion secondary to pain. It was documented that a risk assessment was obtained and a urine drug screen was submitted to by the injured worker. A request to refill the injured worker's medications and an additional urine drug screen was part of the injured worker's treatment plan. A Request for Authorization dated 01/08/2015 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 7.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested 1 prescription of Norco 7.5/325 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 03/2013. The clinical documentation, however, does not provide an adequate assessment of the injured worker's pain relief or functional benefit resulting from the use of this medication. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 7.5/325 mg #90 is not medically necessary or appropriate.

One (1) urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chronic

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

Decision rationale: The requested 1 urine drug screen is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends drug testing for injured workers who exhibit nonadherent or aberrant behavior and/or signs and symptoms consistent with illicit drug use. The clinical documentation submitted for review does not provide any abnormalities in the injured worker's clinical presentation to support that they are at risk for aberrant behavior. Therefore, the need for a urine drug screen is not supported. As such, the requested urine drug screen is not medically necessary or appropriate.