

Case Number:	CM15-0110644		
Date Assigned:	06/17/2015	Date of Injury:	11/30/2004
Decision Date:	07/16/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 58-year-old female, with a reported date of injury of 11/30/2004. The diagnoses include possible pseudoarthrosis at L5-S1, status post microdiscectomy at L4-5, regional pain syndrome of the lower extremities, chronic right leg radiculopathy despite surgery, failed back syndrome, chronic intractable pain, and status post decompression and posterior spinal fusion, and posterior lumbar interbody fusion. Treatments to date have included oral medications and topical pain medication. The medical report dated 04/08/2015 indicates that the injured worker was seen for medication management and a refill of medication. She continued to use Norco with good benefit for her ongoing pain complaints with no side effects. The injured worker complained of mid back pain, which was rated 8 out of 10 with medication and 10 out of 10 without medication. She also complained of low back pain with radiation of pain down the buttocks, which was rated 8 out of 10 with medication, and 10 out of 10 without medication. There was also a complaint of numbness in the anterior aspect of the right thigh. It was noted that the injured worker had difficulty with her activities of daily living, and the medications helped her. There was documentation that the injured worker had been weaned to the lowest possible dose of Norco to manage her ongoing symptoms. There were no signs of abnormal behavior, and no adverse side effects. It was noted that there was a signed pain contract on file with the office, and the injured worker was consistent with regular follow-up care. The medical report dated 03/05/2015 indicates that the injured worker continued to have low back pain, rated 9-10 out of 10 without medications and 5-7 out of 10 with medications. The medications provided 30-50% relief of her symptoms when taken as prescribed. The treating physician

requested a urine drug test to monitor compliance with medications and Norco 10/325mg #45 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 of 127.

Decision rationale: This claimant was injured in 2004. There is possible pseudoarthrosis at L5-S1, status post microdiscectomy at L4-5, regional pain syndrome of the lower extremities, and failed back syndrome. Medicine includes Norco. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately not medically necessary under MTUS criteria.

Norco 10/325mg #45 + 1 post dated Rx to fill 05/22/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured in 2004. There is possible pseudoarthrosis at L5-S1, status post microdiscectomy at L4-5, regional pain syndrome of the lower extremities, and failed back syndrome. Medicine includes Norco. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis

changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.