MAXIMUS Federal Services

Case Number:	CM15-0111067		
Date Assigned:	06/17/2015	Date of Injury:	03/19/2003
Decision Date:	07/17/2015	UR Denial Date:	05/22/2015
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, New York, 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 applicant is a represented 55-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 19, 2013. In a Utilization Review report dated May 27, 2015, the claims administrator partially approved a request for Norco, denied urine toxicology testing, approved Cymbalta, and approved Ativan. The claims administrator referenced a May 11, 2015 RFA form and associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On January 23, 2015, the applicant reported ongoing complaints of low back pain with associated severe muscle spasms. The applicant's pain complaints were heightened on this date. The applicant reported issues with low back pain, fibromyalgia, anxiety, depression, and insomnia, it was reported. Norco, OxyContin, Cymbalta, and Ativan were endorsed. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On February 23, 2015, Norco, OxyContin, Cymbalta, and Ativan were again endorsed. Heightened complaints of low back pain were reported. Once again, the applicant's work status was not clearly outlined, although it did not appear that the applicant was working with permanent limitations in place. On February 23, 2015, the applicant underwent drug testing which included confirmatory and quantitative testing of multiple agents, including Hydrocodone and Oxycodone. On March 27, 2015, the applicant's permanent work restrictions were renewed. Heightened complaints of low back pain with attendant difficulty ambulatory were reported. Norco, OxyContin, Cymbalta, and Ativan were renewed, without any seeming discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not explicitly detailed on multiple office visits, as referenced above, although it did not appear that the applicant was working following imposition of permanent work restrictions. A March 27, 2015 progress note suggested that the applicant's pain complaints were heightened on that date. The applicant was having difficulty performing activities of daily living as basic as ambulating, it was reported. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for urine toxicology testing (AKA urine drug testing) was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for drug testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, clearly state which drug tests and/or drug panels he intended to test for and why, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, the attending provider did apparently perform confirmatory and/or quantitative testing on various substances, despite the unfavorable ODG

position on the same. Non-standard drug testing to include testing for multiple different opioid, benzodiazepine, and barbiturate metabolite was performed. The attending provider did not identify when the applicant was last tested. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.