

Case Number:	CM15-0111773		
Date Assigned:	06/18/2015	Date of Injury:	08/02/2006
Decision Date:	07/16/2015	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: Connecticut, California, Virginia
 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:

This 45 year old male sustained an industrial injury on 8/2/06. He subsequently reported back pain. Diagnoses include lumbar sprain and strain and lumbar postlaminectomy syndrome. Treatments to date include x-ray and MRI testing, chiropractic care, back surgery, physical therapy and prescription pain medications. The injured worker continues to experience back pain that radiates to the right lower extremity. Upon examination, there was moderate tenderness present over the right lower lumbar facets, piriformis and greater trochanter was noted. Restricted and painful spine extension on the right and facet loading test was positive on the right. Positive straight leg raise on the right for radicular pain and lower back pain at 60 degrees. A request for Norco medication and a urine drug screen was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non certified the request given that an appropriate period for weaning was provided, and high risk behavior is evident (taking more Norco than prescribed). Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, and in light of high risk behavior and nullification of the patient's pain contract, the request for Norco is not considered medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug
screening Page(s): 89.

Decision rationale: The MTUS Chronic Pain guidelines describe urine drug testing as an option to assess for the use or presence of illegal drugs. Given this patient's history based on the provided documentation, there is evidence of risk for abuse, etc. Given the provided documentation of concerns for abuse/misuse and aberrant behavior, opioid prescribing is no longer an option. Therefore the need for screening is no longer required and urine drug testing is not considered medically necessary.