

Case Number:	CM15-0115441		
Date Assigned:	06/23/2015	Date of Injury:	01/30/2006
Decision Date:	07/24/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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 36-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression anxiety, and insomnia reportedly associated with an industrial injury of January 30, 2006. In a Utilization Review report dated June 5, 2015, the claims administrator failed to approve a request for Norco and a urine drug screen. The claims administrator referenced a June 1, 2015 RFA form and an associated progress note of May 27, 2015 in its determination. The applicant's attorney subsequently appealed. On June 19, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar spine surgery. The applicant did have derivative complaints of depression and anxiety, it was reported. The applicant was using Norco for pain relief. The applicant had apparently commenced treatment via a functional restoration program, it was reported. On May 27, 2015, the applicant reported ongoing complaints of low back pain, 5/10. The applicant was seemingly using tramadol for pain relief. The applicant had superimposed issues with depression, anxiety, and insomnia, it was reported. An epidural steroid injection and functional restoration program were proposed on the grounds that the applicant was not intent on pursuing further lumbar spine surgery. Norco was endorsed, reportedly on a trial basis. A medical-legal evaluation dated September 2, 2014 was notable for commentary that the applicant was off of work, had been off of work for several years, and had apparently not worked since 2008. The medication list was not seemingly detailed on this occasion. On November 6, 2014, the applicant informed his pain management physician he was not using any medication as of this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

Decision rationale: Yes, the request for Norco, a short-acting opioid, is medically necessary, medically appropriate, and indicated here. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, hydrocodone-acetaminophen (Norco) is indicated in the treatment of moderate-to-moderately severe pain, as was present here on or around the date of the request, May 27, 2015. The applicant presented on that date reporting variable pain complaints in the moderate range, at 5/10, it was reported on that date. The request for Norco was framed as a first-time request for the same, per the treating provider. Historical progress notes, referenced above, made no mention of the applicant's using Norco at earlier points in time. Introduction of Norco was, thus, indicated, on a trial basis. Therefore, the request is medically necessary.

1 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 based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Conversely, the request for a urine drug screen is 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 context, 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 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, and attempt to categorize applicants into higher-or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider's May 27, 2015 progress note did not outline the applicant's complete medication list. It was not clearly stated what drug tests and/or drug panels were proposed. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation nor signal his intention to eschew confirmatory and/or quantitative testing here. It was not stated when the applicant was last tested. Since multiple ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.