

Case Number:	CM15-0124316		
Date Assigned:	08/12/2015	Date of Injury:	04/06/2004
Decision Date:	09/09/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old male, who sustained an industrial injury on 04-06-2004. He has reported injury to the neck, right shoulder, and low back. The diagnoses have included cervicalgia; displacement of cervical intervertebral disc without myelopathy; cervical facet arthropathy; lumbago; displacement of lumbar intervertebral disc without myelopathy; lumbar degenerative disc disease; headache; right greater trochanteric bursitis-tendinitis; and status post right cervical foraminotomy at C5-C6 and C6-C7 by posterior approach. Treatment to date has included medications, diagnostics, lumbar epidural steroid injection, right trochanteric injection, radiofrequency neurotomy of the right and left cervical medial branch nerves, physical therapy, and surgical intervention. Medications have included Norco, Gabapentin, Flexeril, Lexapro, and Xanax. A progress report from the treating physician, dated 05-28-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of ongoing pain in the cervical spine, low back, and right lower extremity; his severe left neck pain and headaches remain reduced by 75% after the radiofrequency neurotomy of the left cervical medial branch nerves; his medications remain helpful and provide functional gains in assisting with his activities of daily living, mobility, and restorative sleep; and there are no significant side effects of the medications. Objective findings included tenderness to palpation of the left and right paracervicals; hypertonicity is noted at the right; cervical facet tenderness bilaterally, right greater than left; decreased cervical ranges of motion; pain in extension, increased with axial loading in extension; normal gait tenderness of the transverse process on the right at L4; and pain is noted with active lumbar ranges of motion at extremes of flexion and extension.

The treatment plan has included the request for 1 urine drug screen; and 60 Norco 5-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant has a remote history of a work-related injury in April 2004 and is being treated for neck, low back, and right lower extremity pain. Medications are referenced as producing a 30% decrease in pain with improved activities of daily living, mobility, and sleep leading to improvement in his quality of life. When seen, there was decreased and painful cervical range of motion. There was cervical tenderness with muscle spasms. There was cervical facet tenderness. Lumbar range of motion was decreased and there was transverse process tenderness. Urine drug screening in January 2015 was consistent with the prescribed medications. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. This request for urine drug screening six months after the previous testing was not medically necessary.

60 Norco 5/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury in April 2004 and is being treated for neck, low back, and right lower extremity pain. Medications are referenced as producing a 30% decrease in pain with improved activities of daily living, mobility, and sleep leading to improvement in his quality of life. When seen, there was decreased and painful cervical range of motion. There was cervical tenderness with muscle spasms. There was cervical facet tenderness. Lumbar range of motion was decreased and there was transverse process tenderness. Medications include Norco. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or

breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with improve function and quality of life. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.