MAXIMUS Federal Services

Case Number:	CM15-0124775		
Date Assigned:	07/09/2015	Date of Injury:	12/01/2006
Decision Date:	09/10/2015	UR Denial Date:	05/28/2015
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: New York
Certification(s)/Specialty: Pediatrics, Internal 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 55 year old male, who sustained an industrial injury on December 1, 2006. The mechanism of injury was not found in the medical records. The injured worker has been treated for neck and low back complaints. The diagnoses have included neck pain, cervical radiculopathy, chronic pain syndrome, lumbar radiculopathy, total body pain, chronic pain related depression, prescription narcotic dependence, cephalgia, myofascial syndrome, gastritis secondary to non-steroidal anti-inflammatory drugs and chronic pain related-insomnia. Documented treatment and evaluation to date has included medications, radiological studies, psychological evaluations and Toradol injections. The documentation supports the injured worker was not working. Documentation dated May 6, 2015 noted increasing neck and leg pain and cramping in his lower extremities. The injured worker noted taking Norco decreased his pain from a 10/10 to a 5/10 on the visual analogue scale. The injured worker was noted to have mild constipation secondary to taking the Norco. The reduced pain level allowed the injured worker to perform activities of daily living and cook. However, the injured workers documented pain level was note to be rated an 8/10 during the visit. Current documentation dated May 19, 2015 notes that the injured worker reported ongoing weakness of his legs. The injured worker noted that his right leg gave out and he sustained a fall. The injured worker hit his right leg and left arm. The injured worker noted that he had a fractured right patella. The treating physician's plan of care included a request for Norco 10/325 mg # 90 and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines discourages long-term usage unless there is "evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." Norco has been prescribed for this injured worker for 3 months, since February 27, 2015. Subsequent documentation dated (1/7/2015, 2/27/2015, 3/18/2015, 4/21/2015 and 5/6/2015) does not show improvement in the injured worker pain levels or specific functional improvement as required by the guidelines. The injured workers pain levels remains consistent at 7-8/10 with the medication Norco. Due to lack of decreased pain levels and improved functional improvement with the medication, the request for Norco is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Toxicology.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, urine drug testing.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommended screening for the risk of addiction prior to initiating opioid therapy. Screening is also recommended after the claimant is already on opioids on a chronic basis and consists of screens for aberrant behavior or misuse. The Official Disability Guidelines (ODG) state that a urine drug screen is recommended at baseline and two to four times a year depending on the injured workers risk of addiction or aberrant use. In this case, a urine drug screen was documented on December 4, 2013. No further urine drug screens were noted in the records. There is lack of documentation of an initial stratification for this injured worker and lack of documented urine drug screens with the results. The request for a urine drug screen is not medically necessary.