MAXIMUS Federal Services

Case Number:	CM15-0125345		
Date Assigned:	07/09/2015	Date of Injury:	08/29/1991
Decision Date:	08/17/2015	UR Denial Date:	06/19/2015
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: California, North Carolina
Certification(s)/Specialty: Family Practice

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 76 year old male with an industrial injury dated 08/29/1991. The injured worker's diagnoses include cervical spondylosis, cervical disc herniation, and bilateral dislocation of patella. Treatment consisted of urine drug screen dated 2/6/2015, prescribed medications, home exercises and periodic follow up visits. In a progress note dated 02/06/2015, the injured worker reported increase pain especially with prolonged sitting and standing. Objective findings were noted to be unchanged since previous visit. According to the most recent progress note dated 06/11/2015, the injured worker reported continued neck stiffness, neck pain and knee pain with prolonged sitting/standing. Objective findings were noted to be unchanged since previous visit. The treating physician prescribed Urinalysis and Norco 5/325mg #120 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request is for a "urinalysis" rather than a urine drug screen (UDS). A urinalysis is not indicated nor medically necessary in this case. If the request is meant to be for a UDS, MTUS guidelines state that UDS is recommended as an option to assess for the presence of illegal drugs. This patient, a 76 y/o man who injured himself in a fall 24 years ago and complains of chronic knee and neck pain, is taking Norco for chronic pain. Records show that he is at low risk for abuse/misuse of medications. He had a previous UDS on 2/6/2015. Guidelines recommend only yearly UDS is necessary in low risk patients, therefore the request is not medically necessary.

Norco 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS states that opioids have been suggested for neuropathic pain that has not responded to first-line agents (antidepressants and anti-epileptics). Long-term efficacy of opioids is unclear and they are recommended for short-term use. Long-term use may be indicated in cases where documented improvement in function and pain relief allow the patient to return to work. In this case, there has been no change in subjective complaints from previous visits, nor change in objective findings on physical examination. Therefore, no medical necessity can be established for continuation of Norco. The request is not medically necessary.