

Case Number:	CM15-0126899		
Date Assigned:	07/13/2015	Date of Injury:	04/24/2009
Decision Date:	08/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/30/2015

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

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 injured worker is a 34 year old male who sustained an industrial injury on April 24, 2009. He reported an injury to his left foot. The diagnoses include chronic pain due to trauma, lumbar spasms and complex regional pain syndrome (type 1) of the bilateral upper and lower extremities. Comorbid conditions include obesity (BMI 32.4). Treatment to date has included orthotics, medications, lumbar sympathetic block, physical therapy, home exercise program, and chiropractic therapy. His most current urine drug screen was on 4/15/2015 and 5/18/2015 but showed inconsistencies in that it was negative for morphine and oxycontin. Currently, in the provider's progress note dated 6/17/2015 the injured worker complained of chronic upper and lower extremity pain. He reported a high level of function upon use of his pain medication but his activities are more painful and limited without his medications. On physical examination, the injured worker had tenderness to palpation over the cervical spine and bilateral upper extremity discomfort. There also was tenderness to palpation of the limited lumbar spine motion in lumbar flexion and extension due to pain. There was allodynia/hyperalgesia in the bilateral upper extremities and the bilateral lower extremities. The treatment plan includes MS Contin, Norco and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. For this patient the case is complex. On the surface the patient is being prescribed a long acting opiate (MS Contin), a short-acting opiate (Norco) for daytime use and a stronger short-acting opiate (Percocet) for use at bedtime. The provider does describe improved functioning and lowering of pain with use of these medications. However, the provider also states the patient's medication is not being covered by work comp insurance so it is assumed he is not taking them or he is getting the prescriptions filled either using a different medical insurance or paying for them himself. Further confusing the issue are the drug urine tests in April and May 2015 which showed that the patient is only taking the Norco. This raises the question that if these tests are true and the patient is only using Norco then why does the provider continue to prescribe the other opioid medications as multiple notes show new prescriptions written for all of the opiate medications. Concern also exists that the patient may be using the other opioids for other purposes. If the patient is actually taking all three opioids the total morphine equivalent dosing of these medications is 135 mg per day which is more than the MTUS recommended maximum of 120 mg per day. Considering all the above information and since the MTUS guideline recommends a lower total daily opioid dose, assuming the patient is taking all three opiates, the provider should consider a lower daily amount of Norco. Medical necessity for continued use of Norco at 10mg/325 mg two tablets three times per day has not been established. The request is not medically necessary.

Urine drug screening DOS: 5/15/15: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Chronic pain programs, opioids;

Medications for chronic pain; Opioids Page(s): 34, 60, 74-96. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part I Evidence Assessment, Pain Physician 2012; 15: S1-S662) Keary CJ, Wang Y, Moran JR, Zayas LV, Stern TA. Toxicologic Testing for Opiates: Understanding False-Positive and False-Negative Test Results. The Primary Care Companion for CNS Disorders. 2012; 14(4):PCC.12f01371. doi: 10.4088/PCC.12f01371 available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505132/>.

Decision rationale: A urine drug test is a technical analysis of a urine sample used to determine the presence or absence of specified parent drugs or their metabolites. Even though drug-testing a blood sample is considered to be the most accurate test for drugs or their metabolites it is more time consuming and expensive than urine testing. In fact, (Keary, et al), notes that most providers use urine toxicology screens for its ease of collection and fast analysis times. According to the MTUS, urine drug testing is recommended as an option for screening for the use of or the presence of opioid and/or illegal medications. It recommends regular drug screening as part of on-going management of patients on chronic opioid therapy. Although it does not note a specific number of screening required each year it implies that the greater the potential for opioid abuse or misuse the more frequent the testing. The American Society of Interventional Pain Physicians guidelines specifically notes use of urine toxicology screens to help assess for patient abuse of medications and comments that this method of screening has become the standard of care for patients on controlled substances. This patient is on chronic opioid therapy and since use of regular urine drug screens, as noted above, is part of the expected patient care, the provider prescribing the opioid medication should request this testing regularly. The patient is not demonstrating signs or symptoms of opioid abuse and the provider is appropriately monitoring the patient's chronic opioid therapy with urine drug screening. However, the urine drug test in April 2015 showed results inconsistent with the prescribed medications. A repeat test to verify these inconsistencies is appropriate. Medical necessity for the urine drug testing on 5/15/2015 has been established. The request is medically necessary.