MAXIMUS Federal Services

Case Number:	CM15-0176783		
Date Assigned:	09/17/2015	Date of Injury:	07/31/2010
Decision Date:	11/09/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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 58-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of July 31, 2010. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve requests for Norco and a urine toxicology screen. The claims administrator did, however, approve a pain management consultation. An RFA form received on August 5, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On said August 5, 2015 RFA form, Norco, a pain management consultation, and said urine toxicology testing were sought. On an associated progress note of July 22, 2015, the applicant reported multifocal complaints of neck, low back, bilateral shoulder and bilateral wrist pain. The attending provider contended the applicant's pain scores reduced from 9/10 without medications to 5-6/10 with medications. The attending provider contended that ongoing usage of medications, including ongoing usage of Norco was facilitating the applicant's ability to work full-time, unrestricted work. Norco, topical compounded medications, electrodiagnostic testing, pain management consultation and urine drug testing were sought while the applicant seemingly returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had returned to full-time, unrestricted work, it was reported on July 22, 2015. The applicant reported an appropriate reduction in pain scores from 9/10 without medications to 5-6/10 with medications. The attending provider reiterated in several sections of the note that ongoing usage of Norco was facilitating performance of various activities of daily living, including work. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Conversely, the request for a urine toxicology screen (AKA urine drug testing) was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend using drug testing as an option to asses for the presence or absence of illicit drugs in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency of which to perform drug testing. ODGs 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, clearly state which drug tests and/or drug panels he intends to test for, attempt to conform to the best practice 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, it was not clearly stated when the applicant last drug tested. The attending provider neither signaled his intention to eschew confirmatory testing nor signaled his attention to conform to the best practices of the United States Department of Transportation. There was no mention of the applicant being a higher-risk or lower-risk individual for whom more or less frequent drug testing would have been indicated. It is not clearly established when the applicant was last tested. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.