

Case Number:	CM15-0076593		
Date Assigned:	04/28/2015	Date of Injury:	04/25/2000
Decision Date:	06/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/21/2015

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 48 year old female, who sustained an industrial injury on 04/25/2000. According to a progress report dated 03/10/2015, the injured worker complained of pain in the bilateral hands/wrists, elbow, shoulders and neck. She had been experiencing this pain for more than 10 years. Pain was rated 6 on a scale of 0-10 and was made better by taking medications. Norco and Fentanyl pops were effective. She was not pain free but able to function independently with her activities of daily living. Diagnoses included anxiety state unspecified, opioid type dependence continuous, brachial neuritis or radiculitis not otherwise specified, chronic fatigue syndrome, lateral epicondylitis of elbow, radial styloid tenosynovitis and unspecified myalgia and myositis. Treatment plan included continuation of medications as previous. Prescriptions were given for Norco, Adderall, Xanax, Abilify, Pristiq and Fentanyl. The provider noted that the injured worker required additional testing as the last test was positive for Tramadol. The provider requested stat authorization for urine drug screens x 2 to maintain compliance with the DEA and DOJ. Currently under review are the request for Norco and 2 random urine drug screens within a 12 month period between 03/10/2015 and 03/10/2016.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #204: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Hydrocodone/Acetaminophen; Opioids, criteria for use - 6) When to Discontinue Opioids; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits the second of these criteria. She was not pain free but able to function independently with her activities of daily living. I am reversing the previous utilization review decision. Norco 10/325mg, #204 is medically necessary.

2 random urine drug screens within a 12 month period between 3/10/15 and 3/10/16:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction); Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. 2 random urine drug screens within a 12 month period between 3/10/15 and 3/10/16 is not medically necessary.