

Case Number:	CM13-0016325		
Date Assigned:	11/06/2013	Date of Injury:	01/08/2010
Decision Date:	10/22/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 41-year-old male with an injury date of 01/08/10. Based on the 06/24/13 progress report provided by the treating physician, the patient complains of neck, low back and residual inguinal repair pain. Pain is rated at 5-6 with medication and 10/10 without. Physical examination reveals tenderness to palpation and spasm to the paraspinal muscles of the cervical and lumbar spine. Range of motion is decreased, especially on lumbar extension 5 degrees. Current medication regimen appears to be beneficial to control his baseline chronic pain, and for the most part, the pain is well managed and controlled. Medications include Neurontin, Norco, Zanaflex, Ambien, Toradol and Dendracin lotion. Per progress report dated 06/24/13, treating physician has stated that he is requesting authorization for patient to continue Toradol, as patient found it beneficial and denied side effects. The request for random urine drug screen is for the purpose of monitoring, documenting and ensuring patient compliance with schedule III and II prescription medications. Treating physician states that the formal pain treatment agreement" includes random urine drug screen 4 times per year. Per lab report dated 06/26/13. Hydrocodone and Hydromorphone were detected, which were not expected test results with prescribed medications. Diagnosis 06/24/13 cervical spine sprain/strain with degenerative disc disease, lumbar spine sprain/strain with grade I spondylosisthesis, bilateral groin pain, status post bilateral inguinal hernia repair 09/03/10. The treating physician is the requesting provider, and he provided treatment reports from 03/06/13 - 07/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 10 MG, #10 Every 4-6 Hours As Needed (PRN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol) Page(s): 72.

Decision rationale: The patient presents with neck, low back and residual inguinal repair pain, rated 5-6/10 with medications. Inguinal repair is from 2010. The request is for Toradol 10mg #10 every 4-6 hours as needed (PRN). Regarding Ketorolac 10mg, MTUS page 72 states: "This medication is not indicated for minor or chronic painful conditions. As such, the request is not medically necessary."

Urine Drug Screening Once Each Quarter For Four Times Per Year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Screening For Risks Of Addiction (Tests) Page(s): 90-91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines under opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The patient presents with neck, low back and residual inguinal repair pain, rated 5-6/10 with medications. The request is for Urine drug screening once each quarter for four times per year. Per progress report 06/24/13, the request for random urine drug screen is for the purpose of monitoring, documenting and ensuring patient compliance with schedule III and II prescription medications. Norco is included in patient medication list. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. Per progress report dated 06/24/13, treating physician states that the formal pain treatment agreement" includes random urine drug screen 4 times per year. Per lab report dated 06/26/13, Hydrocodone and Hydromorphone were detected, which were " not expected test results with prescribed medications. In review of reports, treater has not indicated whether patient is "low risk," "moderate risk," or "high risk." Per lab report dated 06/26/13, Hydrocodone and Hydromorphone were detected, which were " not expected test results with prescribed medications. ODG recommends 1-2 random screens per year for low-risk opiate users. The treater does not discuss the patient's risk. Furthermore, MTUS page 60 requires

recording of pain and function with medications used for chronic pain on each visit. This means that the patient's need for opiate management, namely UDS's needs to be determined on an on-going basis. The request is for 4 UDS's each year indefinitely and recommendation is for denial.