

Case Number:	CM13-0020727		
Date Assigned:	10/11/2013	Date of Injury:	03/05/2008
Decision Date:	01/14/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in physical medicine and rehabilitation, has a subspecialty in pain medicine and is licensed to practice in Ohio and Texas. 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 physician 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.

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 55-year-old male who reported a work-related injury on 03/05/2008, specific mechanism of injury not stated. The patient presents for treatment for the following diagnoses, left knee internal derangement status post arthroscopy, lumbar sprain/strain, cervical and thoracic sprain/strain, right elbow medial epicondylitis, right shoulder sprain/strain, myofascial syndrome, chronic pain related insomnia, and chronic pain syndrome. The clinical note dated 09/12/2013 reports the patient was seen under the care of [REDACTED] for his pain complaints. The provider documents the patient continues to present with complaints of low back pain, right shoulder pain, left knee pain and states that his pain is a little flared up due to extra activities. The patient reports 50% pain relief with Norco without significant side effects. The provider documents the patient is able to function and perform ADLs independently as well as performing tasks around the house. The patient's pain score is 5/10 and averages 4/10 to 5/10. The provider documented, however, the patient would be administered a Toradol injection since he cannot tolerate oral NSAIDs (non-steroidal anti-inflammatory drugs). The provider documented a request for authorization for urine drug screen, continued Norco 10/325 mg 2 by mouth every 8 hours for severe pain, BuSpar, Senokot, Toradol IV Injection and return to clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

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

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

Decision rationale: The clinical documentation submitted for review evidences the patient presents with continued chronic pain complaints status post a work-related injury sustained in 2008. The clinical documentation submitted for review evidences the patient has undergone monthly urine drug screens, this is excessive in nature as the clinical notes failed to evidence any aberrant behaviors or non-compliance with his medication regimen. Therefore, monthly urine drug screens are excessive in nature. The request for one urine drug screen is not medically necessary or appropriate.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The clinical documentation provided failed to evidence the patient presenting with significant objective functional deficits, and significant functional improvements status post chronic utilization of this medication. The Chronic Pain Medical Treatment Guidelines states, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug-taking behavior). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The request for Norco 10/325mg, 180 count, is not medically necessary or appropriate.

One prescription of Gaia herbs natural laxative formula #60: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, initiation of Prophylactic treatment of constipation for patients who utilize opioids is supported. However, the clinical notes fail to document the patient's reports of efficacy with use of Gaia. In addition, the provider did not document a rationale for use of this medication over a standard pharmaceutical option for the patient's constipation complaints. The request for one prescription of Gaia herbs natural laxative formula, 60 count, is not medically necessary or appropriate.

