

Case Number:	CM13-0024779		
Date Assigned:	11/20/2013	Date of Injury:	08/17/2004
Decision Date:	01/09/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/16/2013

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 Internal Medicine has a subspecialty in Pulmonary Disease 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 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 California MTUS Guidelines note urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs. The guidelines also recommend the use of urine drug screening to ensure the patient is compliant with their full medication regimen. Per the provided documentation, the patient underwent urine drug testing on 05/23/2013 and 07/18/2013; which were both inconsistent with the patient's prescribed medication regimen as they were both negative for all substances. The guidelines recommend patients with inconsistent test results should be monitored at a greater frequency than patients with a history of compliance and no history of drug abuse or aberrant behaviors. Therefore, the request for 1 urinalysis would be medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) urinalysis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Opiates, steps to avoid misuse/addiction.

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

Decision rationale: The California MTUS Guidelines note urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs. The guidelines also recommend

the use of urine drug screening to ensure the patient is compliant with their full medication regimen. Per the provided documentation, the patient underwent urine drug testing on 05/23/2013 and 07/18/2013; which were both inconsistent with the patient's prescribed medication regimen as they were both negative for all substances. The guidelines recommend patients with inconsistent test results should be monitored at a greater frequency than patients with a history of compliance and no history of drug abuse or aberrant behaviors. Therefore, the request for 1 urinalysis would be medically necessary and appropriate.

One (1) prescription of Vicodin ES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

Decision rationale: Per the provided documentation, the patient had moderate to severe continuous aching, throbbing, sharp, dull, shooting, stabbing, and burning-type pain accompanied by intermittent numbness and tingling sensation. The patient's symptoms were noted to be present up to 100% of the time and worse at night time, aggravated by activities such as walking, sitting, driving, or "anything" and relieved somewhat with pain medication, hot water, and massage. The patient noted her pain and discomfort completely interfered with her sleep, causing her to wake up 5 to 7 times per night and the pain also totally impacted her ability to concentrate and interact with other people. The patient reported a severe impact on her general activity. Additionally, the patient reported she had problems performing activities of daily living and routine household chores or yard work, as well as participating in recreational or leisure activities. The California MTUS Guidelines recommend patients utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose should be prescribed to improve pain and function. Providers should conduct ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Within the provided medical records, an adequate assessment of the patient's pain was not provided including the least pain reported over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Additionally, there was no documentation of a satisfactory response to the treatment as indicated by the patient's decreased pain, increased level of function, or improved quality of life. Therefore, the request for 1 prescription of Vicodin ES is neither medically necessary, nor appropriate.

