

<b>Case Number:</b>	CM13-0031029		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/05/2004
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 and is licensed to practice in 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. 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 57-year-old male who reported an injury on 02/05/2004. The mechanism of injury was not provided in the medical records. His diagnoses include status post arthroscopic surgery of the right ankle, status post OATS surgery, degenerative changes of the right ankle, osteochondral lesion of the talar dome, talofibular and calcaneofibular ligament injury to the right ankle, and total ankle arthroplasty on the right side. The patient's medications were listed as hydrocodone 10/325 mg every 12 hours as needed for breakthrough pain and omeprazole 20 mg daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** California MTUS Guidelines state for ongoing management of patients taking opioid medications, ongoing review and detailed documentation of pain relief, functional status, appropriate medication use, side effects, and the "4 As" for ongoing monitoring is

required. The "4 As" include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The clinical information provided for review failed to address the detailed documentation required by the guidelines for the ongoing management of opioid medications. Therefore, the request is non-certified.

**2-3 random urine drug screens per year to monitor medications:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** California MTUS Guidelines state the use of drug screening is appropriate for patients with documented issues of abuse, addiction, or poor pain control. The clinical information submitted for review fails to address whether the patient has issues of abuse, addiction, or poor pain control. With the absence of this documentation, the request for urine drug testing 2 to 3 times a year is not supported. Therefore, the request is non-certified.