

Case Number:	CM13-0031573		
Date Assigned:	12/04/2013	Date of Injury:	03/23/2011
Decision Date:	01/23/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/03/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 35-year-old male who reported a work-related injury on 03/23/2011 in which he sustained an industrial injury to his right wrist. The patient was prescribed a wrist brace and pain medication and underwent physical therapy sessions. An ultrasound of bilateral wrist revealed right TFCC small partial tear. The patient underwent a urine drug screen test on 09/12/2013 which revealed consistent findings with his prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a retrospective 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 Drug Testing Section Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

Decision rationale: The clinical note dated 08/01/2013 stated the patient presented with complaints of right shoulder pain with motion. He also had complaints of right wrist pain with motion. He was taking Norco 2.5/325 mg 2 times per day. The physical exam of the right wrist revealed tenderness to palpation over the triangular fibrocartilage complex. Range of motion of

the right wrist was flexion at 42 degrees, extension at 46 degrees, radial deviation was 14 degrees, and ulnar deviation was 12 degrees. The treatment plan was noted to discontinue Norco 2.5 mg and start Norco 10/325 mg for pain. The patient was to perform a urine drug screen at the next office visit. The clinical note dated 03/29/2013 indicated the patient was sent for a random urine sample to document medication compliance. The California Chronic Pain Medical Treatment Guidelines indicate that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines indicate that the frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. The guidelines further state that patients at low risk of addiction/aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. Per submitted clinical documentation, the patient was not noted to be at a high risk of addiction or aberrant behavior. Therefore, the frequency of drug testing would be on a yearly basis per guideline criteria. Furthermore, quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. The patient was not noted to be taking illicit drugs and was not noted to have issues of addiction or abuse. There was no history of substance abuse or issues with the patient's prescribed medications. Therefore, the request for retrospective urine drug screen is non-certified.

The request for Norco 10mg/325mg tablets #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going management Page(s): 78. Decision based on Non-MTUS Citation Opioids Specific Drug List Section, page 91.

Decision rationale: The recent clinical documentation stated the patient had complaints of right shoulder and right wrist pain. The patient was noted to have received a cortisone injection which had temporarily decreased his wrist symptoms but they had returned. The patient's medications included Norco 10/325 mg 2 to 3 times daily. The California Medical Treatment Guidelines for chronic pain indicate that Norco is recommended for moderate to moderately severe pain. The guidelines further stated that ongoing management for patients taking opioids should include an ongoing review and documentation of the patient's pain relief, functional status, appropriate medication use and side effects. There was a lack of documentation stating the patient's VAS quantification of pain, with and without his medications. There was no satisfactory response to treatment noted for the patient who may be indicated by the patient's decreased pain, increased level of function or improved quality of life. There were also no documented functional improvements or benefits noted which could be objectively measured due to the use of Norco. Therefore, the decision for Norco 10/325 mg tablets #120 is non-certified.