

Case Number:	CM13-0032073		
Date Assigned:	12/04/2013	Date of Injury:	06/16/2008
Decision Date:	01/31/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/07/2013

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 & Rehabilitation, 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 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:

This is a 26 year-old, 5'6", 142 lbs, left-handed, female firefighter who injured her right heel on 6/16/08, while training, going up and down hills wearing full gear. She was found to have partially torn the Achilles tendon. She was treated conservatively, but did not feel comfortable working on Vicodin, so 7/5/08 was the last day she worked. She saw [REDACTED] on 9/11/08 who suspected she was developing complex regional pain syndrome (CRPS). She had sympathetic blocks in early 2009 with mixed results. She declined the spinal cord stimulator recommended by [REDACTED] on 10/5/11. The IMR application shows a dispute with the 9/20/13 UR decision. The 9/20/13 UR decision is by [REDACTED], and shows the most recent medical report to be 9/12/13 from [REDACTED]. The .pdf file provided for this IMR is disorganized, and does not appear to contain the 9/12/13 report from [REDACTED]. There is a 6/17/13 report from [REDACTED], but the 2nd-4th pages are dated 9/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Avoid Misuse/Addiction Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Compensation (TWC) Guidelines, online, Pain Chapter for Urine Drug Testing.

Decision rationale: According to the 12/16/13 agreed medical exam (AME) report in the medical records provided, the employee had urine drug tests (UDT) on 9/25/12, 11/7/12, 1/15/13 and 8/19/13, and none of the tests were consistent. On reviewing the records for IMR, I see there were also UDT on 9/10/12, 10/24/12, 3/27/13, and 8/1/13. The MTUS guidelines recommend frequent UDTs in the Steps to avoid Opioid Misuse, but do not provide specific criteria for the use or frequency of the testing. The ODG guidelines were consulted. The ODG guidelines for UDT states: "If a urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the questioned drug. If negative on confirmatory testing the prescriber should indicate if there is a valid reason for the observed negative test, or if the negative test suggests misuse or non-compliance." Several of the UDTs were negative for prescribed drugs, but there was no rationale or valid reason provided by the prescriber. The ODG guidelines also state: "If a urine drug test is positive for a non-prescribed scheduled drug or illicit drug, lab confirmation is strongly recommended. In addition, it is recommended to obtain prescription drug monitoring reports. If there is evidence of problems with cross-state border drug soliciting in your area, reports from surrounding states should be obtained if possible. Other options include contacting pharmacies and different providers (depending on the situation). Reiteration of an opioid agreement should occur. Weaning or termination of opioid prescription should be considered in the absence of a valid explanation." Several of the UDTs detected non-prescribed tramadol. But there was no discussion on the inconsistent testing. The drug testing did not seem to change the physician's treatment plan. The ODG guidelines state UDTs are: "Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment." The use of the UDTs is not in accordance with ODG guidelines.

Dilaudid 8 mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Opioid, Pain Outcomes and Endpoints. Page(s): 88-89.

Decision rationale: I do not have the 1st page, but pages 2-4 of the 9/5/13 report, under discussion indicates the employee "did not have any pain relief with Dilaudid. We will discontinue it today and resume Nucynta 100mg for breakthrough pain". Then, under the treatment plan, item #2, indicates "discontinue Dilaudid". It appears that the UR has access to a 9/12/13 report that restarted Dilaudid at a higher dose because the employee asked for it. There is no indication from the provider that the prior dose was too low. Unfortunately, the 9/12/13 report, that apparently requested or provided rationale for the items on this review, was not included in the records for IMR. However, there is a 12/16/13 AME report, and it indicated

the symptoms are not consistent with the objective evidence and that the employee needs detoxification and participation in a functional restoration program. The employee did not have pain relief with Dilaudid. The MTUS guidelines indicate this is not a satisfactory response. The MTUS guidelines state: "If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." Restarting a pain medication that has not provided a satisfactory response is not in accordance with MTUS guidelines, and the employee has met MTUS criteria on "when to discontinue opioids" including: "(a) If there is no overall improvement in function, unless there are extenuating circumstances(c) Decrease in functioning (e) If serious non-adherence is occurring (f) The patient requests discontinuing"

Butrans 10 mcgs QTY: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-80.

Decision rationale: The 6/21/13 report in the medical records provided, indicates the employee has been trying to wean off medications and discontinued the Butrans patch completely. It indicates the employee does not want to resume the Butrans patch. According to the MTUS guidelines, under "when to discontinue opioids", the employee meets five of the criteria to discontinue including: "(a) If there is no overall improvement in function, unless there are extenuating circumstances (b) Continuing pain with the evidence of intolerable adverse effects (c) Decrease in functioning (e) If serious non-adherence is occurring (f) The patient requests discontinuing". MTUS guidelines indicate "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement", and "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the Butrans and the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Butrans patches. The MTUS guidelines do not recommend continuing treatment if there is not a satisfactory response.