

Case Number:	CM13-0034117		
Date Assigned:	12/06/2013	Date of Injury:	06/10/2002
Decision Date:	04/14/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/11/2013

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, 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:

The patient is a 59-year-old-male with date of injury on 06/10/2002. Data is not provided as to the mechanism of injury. Current complaint is right arm pain and sensitivity with a diagnosis of reflex sympathetic dystrophy (RSD) given to the patient. There is comorbid depression as well and the patient is on Zoloft. There are no reports provided of prior medication trials or treatment modalities in the past. According to the notes provided, it is only stated the patient has decreased range of motion of the shoulder, decreased grip strength of right arm, and increased sensitivity of right arm on clinical exam. The notes state that his pain without medication is 8/10 and 4/10 with medication. There is no mention of any signs of abuse of medication and no reports that he is needing an escalation of dose according to the data provided. There are urine drug screens done on 01/14/2013, 07/15/2013, and 10/13/2013 that reflect the current regimen of medicine that the patient is prescribed. Current request is for urine toxicology screen and Vicodin 7.5/300 - #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY SCREENING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, urine drug testing can be performed when there is suspicion of illegal drug use, misuse of prescription drugs, compliance issues, and monitoring opioid therapy long-term. According to the notes presented for review, there is no concern of abuse of opioids and compliance has been documented in the past with three drug screens in the 2013 calendar year per the notes provided. Furthermore, there is no documentation to support the chronic use of short acting opiates for this employee and therefore, based on the evidence provided, urine toxicology screening is not medically indicated.

VICODIN 7.5/300MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74-96.

Decision rationale: The MTUS guidelines for short acting opioids indicate that they can be used as treatment for pain, usually for breakthrough pain or flares of pain of a chronic condition. However, the patient must fail trials of non-opioid analgesics, in addition to other criteria provided in MTUS. There is no data available for review of any other regimen or treatment (physical therapy, etc) tried for this employee's current problem. Although there is documentation of pain score improvement, there is no documentation of improved functionality and exam findings supporting use of chronic opioid. Furthermore, this is a short acting opioid being used for a presumably chronic condition. The MTUS guidelines have not been met with the data provided for review in regard to the chronic use of short acting opioids and therefore, the Vicodin ES 7.5/300 is not medically necessary.