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| Case Number: | CM13-0042419 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 01/21/2005 |
| Decision Date: | 02/13/2014 | UR Denial Date: | 10/02/2013 |
| Priority: | Standard | Application Received: | 10/17/2013 |

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 Pain Management & 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:

The patient is a 58-year-old female with a date of injury on 01/21/2005. A progress report dated 09/20/2013 by [REDACTED] indicates that the patient's diagnoses include: Lateral epicondylitis, tendinitis, mild left carpal tunnel syndrome, and status post left TER in 2006. The patient continues with left elbow pain. The patient rated her pain at a 6/10. Examination findings included decreased grip strength in the bilateral hands, tenderness in the lateral epicondyle of the left elbow with a positive Mill's test in the left forearm. A request was made for the patient to continue on Vicodin, Motrin, and Zantac and a request was made for a urine drug screen in patient's next visit. Utilization review letter dated 10/21/2013 modified the request of the Vicodin and the Motrin as the request was for 5 refills, which was not reasonable and a denial was made for the Zantac as there was no evidence of Gastro Intestinal symptoms in the reports provided. The request for the urine drug screen was also denied due to lack of documentation by the treating provider concerning the patient's level of risk for aberrant drug-seeking behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/325mg #100+5 refills QTY: 600.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 88-89.

Decision rationale: The patient continues with significant pain in the upper extremity involving the elbow. MTUS page 88 and 89 regarding the long-term usage of opioids indicates that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Pain should be assessed at each visit, and functioning should be measured at 6 months interval using a numerical scale or validated instrument. In the 47 pages of records provided, there were only 2 records within the last six months of the request. There was no documentation of functional improvement on a numeric scale or validated instrument. Therefore, Decision for Vicodin ES 7.5/325mg #100+5 refills QTY: 600.00 is not medically necessary and appropriate.

Motrin 800mg #90+5 refills QTY: 540.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 22.

Decision rationale: The patient continues with significant chronic pain in the left upper extremity. MTUS page 22 states the anti-inflammatories are the traditional first-line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. This request was modified by utilization review to include 2 refills to better assess the functional benefit the patient receives from the use of the pain medications. This appears to be a reasonable modification as MTUS appears to indicate that long-term use may not be warranted. Therefore, Decision for Motrin 800mg #90+5 refills QTY: 540.00 is not medically necessary and appropriate.

Zantac 300mg #30+5 refills QTY: 180.00: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Patient appears to be on long-term use of NSAID therapy for their pain. MTUS page 69 regarding NSAIDs, GI symptoms and cardiovascular risks suggests the clinician should weigh the indication for NSAIDs against both GI and cardiovascular risk factors. It is recommended the patient be assessed for risk factors for gastrointestinal events which include age greater than 65 years, history of peptic ulcer, GI bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant, or high-dose multiple NSAIDs. The treating provider does not include documentation in their reports reviewed regarding assessment of gastrointestinal events or state the assessment of the risks for gastrointestinal events and does not

document that the patient complains of GI symptoms that are alleviated by the use of Zantac. Therefore, Decision for Zantac 300mg #30+5 refills QTY: 180.00 is not medically necessary and appropriate.

Urine Drug Screen to be performed at next follow up visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid opioid misuse Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), online, Pain chapter for Urine Drug Testing (<http://www.odg-twc.com/odgtwc/pain.htm#ProcedureSummary>).

Decision rationale: The progress reports dated 09/20/2013, 05/21/2013, and 11/07/2012 each appeared to request urine drug screening. It is unclear if each of these drug screens were performed. MTUS page 94 and 95 recommends frequent random urine toxicology screens to avoid opioid misuse. MTUS is silent on the frequency of urine drug testing. Therefore, ODG Guidelines were reviewed which states 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. The records provided for review do not appear to indicate the patient is considered a moderate or high risk. Therefore, assuming that the patient has had more than 1 urine drug screen in the past year, it does not appear to be reasonable or medically necessary. Therefore, Decision for Urine Drug Screen to be performed at next follow up visit is not medically necessary and appropriate.