

Case Number:	CM13-0057576		
Date Assigned:	04/23/2014	Date of Injury:	05/13/2010
Decision Date:	07/14/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 expert 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 47 year old female who was injured from 05/13/2013 to 06/23/2011 and 11/04/2010. She suffered multiple industrial injuries. Prior treatment history has included medications, chiropractic treatment and acupuncture. PR2 dated 12/18/2013 states the patient complains of constant moderate pain in the neck and back with associated radiation to the upper extremities and lower extremities. She also complains of pain in the left knee and she limps with ambulation. She states the prescribed medications have been helping her. She reports using the IF 4 unit 3 times a day at home which has helped lessen the intake of medications. On note dated 11/20/2013, a letter from CID management dated 09/10/2013 documents a non-certification of recommendations for Norco 10 mg #30. Norco was recommended for severe pain on 07/24/2013 despite the regular use of Lidocaine patches and Tylenol. On review of records dated 10/07/2013, it was recommended the patient take Tramadol and receive a cortisone injection to the left knee. The patient's treatment plan consists of Toradol 60 mg, Naprosyn 500 mg, Omeprazole 20 mg, and Gaviscon. The treating provider requested a urinalysis drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: 1 URINALYSIS DRUG SCREENING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use of Opioids Page(s): 76-78.

Decision rationale: California MTUS criteria for use of opioids include urine drug screens prior to a trial of opioids and for ongoing management when there are issues of abuse, addiction or poor pain control. The urine drug screen was performed on 10/01/2013 at which time it is unclear if the patient was on any opiates or if there was a plan to start the patient on opiates. In the 12/18/2013 PR-2 it is noted in the records review section that the secondary treating physician recommended Tramadol on 10/07/2013 but there is no indication that this was ever approved or that the patient was taking the medication. There was also a recommendation for Norco on 07/24/2013 that was reportedly non-certified. There is the lack of documentation of the patients' use of opiates or new trial of opiates prior to the 10/01/2013. Medical necessity for the requested item has not been established. The requested item is not medically necessary.