

Case Number:	CM13-0058156		
Date Assigned:	12/30/2013	Date of Injury:	12/08/2008
Decision Date:	06/05/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/26/2013

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 Washington, D.C. and Virginia. 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:

This is a 48-year-old who sustained injury to her right arm and forearm on August 23 2012. She then had issues with pain in her cervical spine and right forearm which radiated into her fingertips with associated symptoms of numbness, tingling and weakness. She had electromyography testing which was normal and an abnormal nerve conduction study suggestive of right median neuropathy. On January 7 2013, patient had drug testing. [REDACTED] ordered this testing on February 11 2013. On February 28 2013, patient had another drug test performed. [REDACTED] ordered this testing on March 11 2013. The patient had previously undergone shockwave therapy and chiropractic treatments to his right elbow, forearms and wrist. As per [REDACTED] note on May 10 2013, pt had been prescribed: Cyclophene 5% gel, Dicopanol 1 ml, Deprizine 10ml daily, Fanatrex 5ml, Synapryn 5ml tid, Tabradol 5ml bid-tid.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 URINE TOXICOLOGY SCREEN: 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 Page(s): 21.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Urine drug testing should be done two times per year and the frequency can be increased if there are signs of abuse or addiction. Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 2) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources (Wisconsin, 2004) (Michna, 2004) (Chabal, 1997) (Portenoy, 1997) This patient had no signs to indicate abuse of opiates. It is recommended that urine drug testing be performed about every six months. This patient did not require more frequent testing and the clinical documentation provided does not support increasing the frequency of the testing. The request for one urine toxicology screen is not medically necessary or appropriate.

SIMVASTATIN 20MG #30 WITH 2 REFILLS: 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 Page(s): 67.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Acetaminophen (safest); NSAIDs (non-steroidal anti-inflammatory drugs, such as aspirin or ibuprofen). (Bigos, 1999) There should be caution about daily doses of acetaminophen and liver disease if over 4 g/day or in combination with other NSAIDs. The patient had diabetes and high blood pressure. From the clinical documentation provided, there is nothing supporting this medication usage for this patient. The request for Simvastatin 20 mg, thirty count with two refills, is not medically necessary or appropriate.

ASA EC 81MG #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.nlm.nih.gov.

Decision rationale: The patient had no evidence of hyperlipidemia, coronary artery disease, or stroke. From the documentation provided, it is not clear why this medication would be indicated for this patient. The request for ASA EC 81mg, thirty count with two refills, is not medically necessary or appropriate.