

Case Number:	CM13-0060016		
Date Assigned:	12/30/2013	Date of Injury:	07/31/2012
Decision Date:	05/15/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 36-year-old male who reported an injury on 07/31/2012 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included orthotics, physical therapy, ambulation assistance, and multiple medications. Injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 10/21/2013. It was documented that the injured worker had ongoing complaints of sleeping difficulty with acute flare-ups of left foot and ankle pain after prolonged walking. Physical findings included left ankle effusion and limited range of motion with tenderness to palpation over the left foot with effusion. The injured worker's diagnoses included contusion/hematoma and ankle sprain. The injured worker's treatment plan included continuation of medications to include Xanax and Vicodin, continuation of a home exercise program and a urine toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The requested urine drug screen is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends drug testing for patients who exhibit symptoms that provide suspicion of illicit drug use or for monitoring for aberrant behavior when injured workers are on chronic opioid therapy. The clinical documentation does indicate that the injured worker has been taking opioids since at least 07/2013. There is no documentation of previous urine drug screens to determine the appropriateness of the requested urine drug screen. Additionally, the clinical documentation does not support evidence of withdrawal or overuse that would provide support for the need for drug testing. As such, the requested urine drug screen is not medically necessary or appropriate.

Vicodin 5/500mg #60: 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 On-Going Management Page(s): 78.

Decision rationale: The requested Vicodin 5/500 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 07/2013. California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review fails to provide an adequate assessment of pain relief and functional benefit to support continued use of this medication. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Vicodin 5/500 mg 3 60 is not medically necessary or appropriate.