

Case Number:	CM13-0064920		
Date Assigned:	01/03/2014	Date of Injury:	10/13/2011
Decision Date:	04/15/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/12/2013

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 Family Practice, Texas. 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 50-year-old male who reported an injury on 10/13/2011 due to a fall off of a ladder which resulted in a loss of consciousness and injury to the neck and bilateral upper extremities. The patient had persistent neck and shoulder complaints that were managed with Norco and oxycodone. The patient was evaluated on 11/01/2013 by a chronic pain management program where it was admitted the patient had a history of drug-seeking behavior and addictive tendencies. The patient's treatment plan included weekly refills of the patient's medications with gradual reduction in hydrocodone and close monitoring of the patient with urine drug screens due to high risk behaviors and an addiction consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone with 3 weekly refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

Decision rationale: The requested hydrocodone with 3 weekly refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend a weaning schedule for patients who have evidence of drug-seeking or addictive behaviors. Therefore, 3

weekly refills would be appropriate for this patient so that the weaning process can be closely monitored by the physician. However, the request does not include an intended dosage or frequency. Therefore, the appropriateness of this medication cannot be determined. As such, the requested hydrocodone with 3 weekly refills is not medically necessary or appropriate.

Urine drug 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 Drug Testing Page(s): 43.

Decision rationale: The requested urine drug screen is medically necessary and appropriate. California Medical Treatment Utilization Schedule recommends urine drug screens for patients who exhibit aberrant and drug-seeking behavior. The clinical documentation submitted for review does support the patient has a long history of drug-seeking and aberrant behavior and is considered a high risk for addiction and is being weaned off of the medications. Therefore, close monitoring with urine drug screens would be indicated. As such, the requested urine drug screen is medically necessary and appropriate.

Addiction consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The requested addiction consultation is medically necessary and appropriate. The clinical documentation submitted for review does indicate the patient had multiple risk factors for addiction and has a history of aberrant behavior with inconsistent drug screening and receiving medication from multiple providers. California Medical Treatment Utilization Schedule supports the consultation with a multidisciplinary pain clinic if the patient's chronic pain condition does not improve with 3 months of opioid usage; consideration of an addiction medicine consultation if there is evidence of substance or misuse. The clinical documentation submitted for review does provide evidence the patient has a significant history of misuse and drug-seeking behavior. Therefore, additional consultations would be supported. As such, the requested addiction consultation is medically necessary and appropriate.