

Case Number:	CM14-0008423		
Date Assigned:	04/07/2014	Date of Injury:	05/24/2010
Decision Date:	05/27/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 52-year-old female who reported an injury on 05/24/2010. The mechanism of injury was not stated. Current diagnoses include chronic cervical spine sprain, cervical disc bulge, overuse syndrome of bilateral upper extremities, chronic thoracolumbar spine sprain, chronic contusion of bilateral knees, internal derangement of bilateral knees, status post bilateral knee arthroscopy in 2001 and 2002, ruptured Achilles tendon, status post left total knee arthroplasty, Irritable Bowel Syndrome and right carpal tunnel release. The injured worker was evaluated on 10/15/2013. The injured worker reported persistent pain in the right upper extremity, bilateral knees and lower back. Physical examination was not provided. Treatment recommendations at that time included a prescription refill for Vicodin 5/500 mg, Zanaflex 4 mg and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG TESTING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines state that the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of the initiation of therapy and on a yearly basis thereafter. As per the documentation submitted, the date of injury is greater than 3 years ago, and there is no indication of noncompliance or misuse of medication. There was also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity for ongoing repeat screening has not been established. As such, the request is not medically necessary.

VICODIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. This is a nonspecific request that does not include the dosage, frequency or quantity. Therefore, the request is not medically necessary.

ZANAFLEX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended as nonsedating second-line options for the short-term treatment of acute exacerbations. This is a nonspecific request that does not include the dosage, frequency or quantity. Therefore, the request is not medically necessary.