

Case Number:	CM14-0010346		
Date Assigned:	02/21/2014	Date of Injury:	07/31/2012
Decision Date:	07/30/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 36-year-old male with a 7/31/12 date of injury. The mechanism of injury was not noted. In a 2/3/14 progress note, the patient indicated that he has had a recent stomach flu and exacerbation of his lung condition with bronchitis. He continued to express pain in his left foot and ankle. He had pain with prolonged standing or walking. He denied numbness or tingling in the lower extremities. He had radiating pain occasionally in the left lower extremity. The patient described difficulty sleeping due to pain. Objective findings included tenderness and effusion palpable on left foot, mild limitation of range of motion with effusion present in left ankle, normal neurologic examination. Diagnostic impression was Contusion, left foot, left ankle sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin (hydrocodone/APAP) 5mg/500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, a UDS from 10/21/13 was negative for hydrocodone, despite the fact the patient is taking Vicodin, which is concerning for misuse or risky behavior. Therefore, the request for Vicodin (Hydrocodone/APAP) 5 mg/500 mg #60 was not medically necessary.

Future urine toxicology testing in 60-90 days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. A urinary drug screen from 10/21/13 was inconsistent for hydrocodone. Guidelines support urinary drug screens, especially in a setting with aberrant behavior. Therefore, the request Future Urine Toxicology Testing in 60-90 Days was medically necessary.