

Case Number:	CM14-0013320		
Date Assigned:	02/26/2014	Date of Injury:	10/24/2007
Decision Date:	08/07/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/03/2014

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 47 year old female with a 10/24/07 date of injury. The mechanism of injury was not provided. In a 12/4/13 progress note, the patient complained of pain and discomfort in the cervical spine that was described as sharp, stinging nettle, and burning in nature. The patient also complained of pain and discomfort in the right shoulder. She rated her pain level at 5/10 on a scale of 0-10. Objective findings: tenderness to palpation over the cervical spine, normal range of motion with pain over the cervical spine, pain with flexion and extension on the left wrist, positive Tinel's test bilaterally on the wrist, positive Phalen's, Tinel's at cubital tunnel, and compression sign on the left wrist. Diagnostic impression: musculoligamentous sprain of cervical spine, impingement syndrome of right shoulder, contusion of right hand and right upper extremity, right carpal tunnel syndrome and bilateral carpal tunnel syndrome, musculoligamentous sprain of thoracic spine and lumbar spine, spondylosis. Treatment to date includes medication management, activity modification, and surgery. A prior UR decision dated 1/3/14 denied the request for Vicodin, Motrin, and 1 urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF VICODIN 5/500MG #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: The MTUS Chronic Pain 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. However, in the notes reviewed, there is no documentation of significant functional improvement or improved activities of daily living. In addition, according to the UR decision dated 1/3/14, a prior UR decision from 12/16/13 had already approved Vicodin #60 with 2 refills. Therefore, the patient should still have refills left from the previous prescription. Furthermore, in a progress note dated 11/11/13, the physician stated that he is adding Motrin to the patient's medication regimen in order to detox the patient off Vicodin. He stated that he hoped to have the patient completely discontinue Vicodin within 3 months. It is unclear why the physician is requesting another prescription for Vicodin with additional refills. As such, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF MOTRIN 800MG #90 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

Decision rationale: The MTUS Chronic Pain Guidelines states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, in the reports reviewed, there is no documentation that Motrin has helped improve her pain or activities of daily living. Furthermore, according to the UR decision dated 1/3/14, a prior UR decision from 12/16/13 had already approved Motrin #90 with 2 refills. It is unclear why the prescribing physician is requesting Motrin at this time since the patient should still have refills remaining. Therefore, the request is not medically necessary.

1 URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Chronic Use of Opioids Page(s): 43, 78.

Decision rationale: The MTUS Chronic Pain 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. According to the reports reviewed, the patient has had urine drug screens on 5/27/13, 8/13/13, and 11/17/13 that were consistent with the use of hydrocodone, the opiate component in Vicodin. However, in the 1/3/14 UR decision, it is noted that urine drug screens were also certified on 2/6/13 and 12/16/13. Furthermore, the patient does not seem to display any aberrant behaviors and is not considered a high risk patient. Therefore, the request for 1 Urine Drug Screen is not medically necessary.