

Case Number:	CM14-0017374		
Date Assigned:	04/14/2014	Date of Injury:	10/17/1997
Decision Date:	06/02/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/11/2014

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 and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 65 year old male with an injury date of 10/17/97. Based on the 01/15/14 progress report provided by [REDACTED] the patient's bilateral shoulder abduction is limited and he has Dupuytren's contractures in his hands. The lumbar spine has a 50% reduction of motion and there is significant tenderness. The patient's right total hip is still tender on the very lateral distal tip of the prosthesis adjacent to the femur. The patient's diagnosis include the following: 1.Multilevel cervical discopathy 2.Status post left shoulder arthroscopy -Multilevel lumbar discopathy -Right hip Paget's disease with sprain/strain -Tear of left biceps -Status post left knee arthroscopy with arthroscopic partial medial meniscectomy and chondroplasty (04/17/09) -Left foot metatarsalgia -Status post reconstructive surgery of the right hip -Status post left foot amputated toe The patient is currently on Norco 10/325, Zolpidem 10 mg, Celebrex 200 mg, and Vicodin. [REDACTED] is requesting the following: 1.Retrospective urinalysis (01/15/14) 2.Re-evaluation within six weeks 3.Norco 10/325 mg, #60 4.Celebrex 200 mg, #60 The utilization review determination being challenged is dated 01/22/14 and recommends denial of the urinalysis, re-evaluation, Norco, and Celebrex. The rationale for the urinalysis is that it was "Not clear when the last drug screen was obtained and there was also no detail of the patient having any specific aberrant drug use behavior or misuse of prescriptions." [REDACTED] is the requesting provider, and he provided treatment reports from 09/11/13- 03/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINALYSIS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG GUIDELINES CRITERIA FOR USE OF URINE DRUG SCREEN.

Decision rationale: According to the 01/15/14 progress report, the patient presents with aching pain in the low back (rated a 7/10), stabbing pain in the right hip which extends to the upper leg (rated as 9/10), as well as pain in the right shoulder, hands, and left ankle. The request is for a retrospective urinalysis (01/15/14). The patient is currently taking Norco, Zolpidem, Celebrex, and Vicodin. While MTUS Guidelines does not specifically address how frequent Urine Drug Screen (UDS) should be obtained from various risks opiate users, ODG Guidelines provides a clearer guideline for low risk opiate users. It recommends once yearly urine drug screen following initial screening within the first six months for management of chronic opiate use. The patient had two previous urinalysis on 09/11/13 and 11/01/13; the patient does not present a high risk for opiate abuse. There were no concerns raised to warrant more frequent UDS's to help manage this patient's opiates use. Recommendation is for denial.

RE-EVALUATION WITHIN SIX WEEKS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ODG: OFFICE VISITS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: According to the 01/15/14 progress report, the patient presents with aching pain in the low back (rated as 7/10), stabbing pain in the right hip which extends to the upper leg (rated as 9/10), as well as pain in the right shoulder, hands, and left ankle. The request is for re-evaluation within six weeks. In regards to re-evaluations, MTUS page 8 require that the treating provider monitor the patient. Follow-up visitations are needed to monitor patient's progress. It is not known why the utilization reviewer denied this request. Given the patient's persistent symptoms, recommendation is for authorization.

NORCO 10/325MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LONG-TERM OPIOID USE Page(s): 88-89.

Decision rationale: According to the 01/15/14 progress report, the patient presents with aching pain in the low back (rated as 7/10), stabbing pain in the right hip which extends to the upper leg (rated as 9/10), as well as pain in the right shoulder, hands, and left ankle. The request is for Norco 10/325 mg #60. The 09/11/13 progress report by [REDACTED] is the first report provided to mention that the patient has been taking Norco, which "is helping provide relief with the patient's moderate to severe pain." According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines pages 88 and 89 state: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." [REDACTED] mentions in the 01/15/14 progress report that "Norco has been effective because it allows the patient to perform some activities of daily living." Other than that generic statement, none of the reports show documentation of pain assessment using a numerical scale describing the patient's pain and function. No outcome measures were provided as well as specific activities of daily living (ADLs). Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in the MTUS Guidelines. Therefore, recommendation is for denial.

CELEBREX 200MG, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22.

Decision rationale: According to the 01/15/14 progress report, the patient presents with aching pain in the low back (rated as 7/10), stabbing pain in the right hip which extends to the upper leg (rated as 9/10), as well as pain in the right shoulder, hands, and left ankle. The request is for Celebrex 200 mg #60. For anti-inflammatory medications the MTUS guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Medical records indicate this patient has been taking Celebrex since 09/11/2013. Progress note dated 01/15/2013 states that Celebrex is working for the patient's pain. Given patient's continued complaints of pain and the efficacy of this medication, recommendation is for authorization.