

Case Number:	CM14-0132511		
Date Assigned:	08/22/2014	Date of Injury:	08/09/2008
Decision Date:	09/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/19/2014

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 Medicine and is licensed to practice in Florida. 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 58-year-old male, who reported injury on 08/09/2008. Reportedly, while he was loading a carpet extractor onto a patient's vehicle, the injured worker felt something pop in his left forearm and at the left biceps region. The injured worker's treatment history includes x-rays, surgery, medications, physical therapy, MRI studies, and laboratory studies. The injured worker had a urine drug screen on 07/10/2014 that was positive for opiate usage. The injured worker was evaluated on 07/10/2014, documenting the injured worker returned to the office for medication review. He reported that his overall pain level on average is an 8/10 daily. At its best, the pain level reduces down to 4/10 with medication. He reported with household activities of daily living or pushing/pulling activities, overall his pain level increases up to a 9/10. He reported no new injuries. He reported that medication overall was beneficial, with no adverse effects, and he needs a refill. He reported that he received medications through [REDACTED] for colitis, high blood pressure, and cholesterol. He reported that his recent laboratory studies the last 7 months at VA Hospital overall were normal studies. Examination of the left elbow revealed tenderness to palpation over the medial and lateral epicondyles with pain +1, in olecranon aspect with pain +1. Active range of motion of the left elbow was measured as follows: Flexion was 118 degrees, and extension was -10 degrees. Medications included Norco 7.5/325 mg. Diagnoses include status post-surgical repair of the left elbow biceps tendon rupture, impingement/thickening of the ulnar nerve, and fracture calcification and heterotopic bone in extensor tendon. The Request for Authorization, dated 07/10/2014, was for Norco 7.5/325 mg and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, When to continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there was lack of outcome measurements of conservative care such as physical therapy or home exercise regimen or long-term functional goals noted for the injured worker. The request lacked frequency and duration of medication. Given the above, Norco 7.5/325 mg # 120 is not medically necessary.

Urine drug screen #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen: Frequent random urine toxicology screens.

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

Decision rationale: The request for the urine screening is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids & on-going management; opioids, differentiation: dependence& addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. The injured worker had a urine drug screen on 07/10/2014 that was positive for opioid usage. The provider failed to indicate the rationale for a repeat urine drug screen. Given the above, the request for urine drug screen # 1 is not medically necessary.