

Case Number:	CM14-0179479		
Date Assigned:	11/03/2014	Date of Injury:	06/16/2004
Decision Date:	12/09/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/29/2014

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, has a subspecialty in Pain Medicine, 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 injured worker is a 62-year-old male who reported an injury on 06/06/2004 due to an unknown mechanism. Diagnoses were anxiety, depression, erectile dysfunction, sleep disorder, right carpal tunnel syndrome with thenar atrophy, status post release, moderate ulnar neuropathy at right wrist, C4-5 and C5-6 stenosis, and active C6 radiculopathy. Physical examination dated 09/08/2014 revealed that the injured worker continued to have neck pain that radiated down the right upper extremity and was rated an 8/10 to 9/10 on the VAS without the use of medications, and a 7/10 on the VAS with the use of medications. The patient continued to have right shoulder pain rated between an 8/10 to 9/10 on the VAS without the use of medications, and a 7/10 on the VAS with the use of medications. There were complaints of numbness and tingling in the right hand/fingers, the pain was rated at 8/10 to 9/10 without the use of medications and a 7/10 with the use of medications. Examination of the cervical spine revealed palpation, there was evidence of tenderness in the cervical paraspinal muscles, over the right trapezius, and over the right "intrascapular" space. There was decreased sensation over the right C6 and C7 dermatome distributions. The injured worker had a negative Hoffman's sign bilaterally. The injured worker had an EMG/nerve conduction study on 10/20/2011 that revealed an abnormal nerve conduction study of bilateral upper extremities of severe bilateral carpal tunnel syndrome, right side greater than the left side. There was an abnormal nerve conduction study that was suggestive of moderate bilateral ulnar neuropathy at the wrist consistent with canal of Guyon's entrapment, right side greater than the left side. The EMG was suggestive of bilateral chronic active C5 radiculopathy. Medications were Vicodin, Celebrex, and Lyrica. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

UDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines UDS; Urine Drug Screen/Testing Page(s): 43.

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

Decision rationale: The decision for UDS is not medically necessary. The Official Disability Guidelines recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see opioids, criteria for (2) steps to take before a therapeutic trial of opioids and (4) ongoing management opioids, differentiation, dependence and addiction, opioids, screening for risk of addiction (test), and opioid steps to avoid misuse/addiction. The medical guidelines also indicate that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. There were no reports of aberrant drug taking behavior. It also was not reported that the injured worker had an addiction problem or poor pain control. The clinical information submitted for review does not provide evidence to justify the decision for a UDS. Therefore, the request is not medically necessary.

Vicodin 7.5/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Page(s): 80-81.

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

Decision rationale: The decision for Vicodin 7.5/300mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include the current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the medication, how long it takes for pain relief, and how long pain relief last. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to nonopioid analgesics. The documentation lacks evidence of the efficacy of the medication, a complete and accurate pain assessment, and aberrant behaviors. Also, the request does not indicate a frequency for the medication. Continued use of this medication would not be supported. Therefore, this request is not medically necessary.

