

<b>Case Number:</b>	CM14-0029571		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	05/03/2001
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 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 55-year-old female who reported an injury on 05/03/2001. Prior treatments included chiropractic care. The injured worker was noted to be taking medications to treat her bladder and opiates as of 09/2013. The documentation of 02/05/2014 revealed the injured worker was having bilateral hand pain. Additionally, the injured worker was requesting a refill of hydrocodone and chiropractic therapy. The injured worker indicated that she had incontinence issues and was initially given Detrol LA which was helpful somewhat however it was no longer helpful and the injured worker was given Toviaz. The injured worker indicated Toviaz was more effective than Detrol LA. The injured worker's list of diagnoses included chronic pain syndrome, lumbar radiculitis, lumbar degenerative disc disease, low back pain, degenerative disc disease cervical, cervical radiculopathy, neck pain, dysthymic disorder, trigger middle finger of the right hand, carpal tunnel syndrome, rectal bleeding, overactive bladder, and unspecified obesity. The treatment plan included medications, chiropractic therapy, physical therapy, hydrocodone, and Norco 5/325 mg 1 tablet by mouth twice a day #60. The injured worker completed an opioid risk tool and scored a 1 which was indicated to be low risk. Additionally, the recommendation was for Toviaz for an overactive bladder as the injured worker indicated that she was often wetting herself and was worried she constantly smelled like urine. Additionally, a urine toxicology screen was obtained.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE OF OPIOIDS, WEANING OF MEDICATIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, ongoing management Page(s): 60; 78.

**Decision rationale:** The Official Disability Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of objective functional improvement, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. Additionally, there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to meet the above criteria. The clinical documentation indicated the injured worker had been utilizing the medication since at least 09/2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of vicodin 5/500MG #60 is not medically necessary and appropriate.

#### **1 PRESCRIPTION OF NORCO 5/325MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE OF OPIOIDS, WEANING OF MEDICATIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, ongoing management Page(s): 60; 78.

**Decision rationale:** The Official Disability Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of objective functional improvement, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. Additionally, there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to meet the above criteria. The clinical documentation indicated the injured worker had been utilizing the medication since at least 09/2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 Prescription of Norco 5/325mg #60 is not medically necessary.

#### **1 UNKNOWN PRESCRIPTION OF TOVIAZ:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation UNIVERSITY OF TEXAS AT AUSTIN, SCHOOL OF NURSING, FAMILY NURSE PRACTITIONER PROGRAM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/toviaz.html>.

**Decision rationale:** Per drugs.com, Toviaz "is used to treat over active bladder with symptoms of urinary frequency, urgency and incontinence." The clinical documentation submitted for review indicated the medication was efficacious for the injured worker. However, the request as submitted failed to indicate the frequency and the strength as well as the quantity for the requested medication. Given the above, the request for 1 unknown prescription of Toviaz is not medically necessary.

**URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, page 78.

**Decision rationale:** The California MTUS Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had the above as the injured worker's risk assessment provided to be a risk factors of 1. Given the above, the request for urine drug screen is not medically necessary and appropriate.