

Case Number:	CM14-0032132		
Date Assigned:	06/20/2014	Date of Injury:	06/06/2001
Decision Date:	07/17/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/13/2014

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 45 year old male who reported injury to low back on 06/06/2001 of unknown mechanism. The injured worker complained of pain across the back, but he was obtaining functional pain control with his medication regimen. He described his pain as sharp, dull, throbbing, pressure, cramping, and spasm. The injured worker rated his pain a 4 on a good day and an 8 on a bad day according to the note dated 02/28/2014 with previous ratings of 5 on a good day and 8 on a bad day. The pain was not always the same or constant and aggravated with cold, activity, lying down, sitting and alleviated with heat cold activity rest lying down walking medication and massage. On examination the injured worker had tenderness and spasms to bilateral lumbar on palpation, positive sitting straight leg raise bilaterally, but only in the back on the right, normal gait, posture, stereognosis and lower extremity strength, decreased light touch to lower left extremity, and absent clonus. Documentation states that injured worker reported good pain control of over 50% from current opioid pain medication and he has increased physical activity, improvements in daily living, mood, as well as sleep. It also stated that the injured worker did not report any side effects of the opioid or show aberrant behaviors. The injured worker had previous urine toxicology screening that showed negative results for opioids. He had diagnoses of stenosis of lumbar spine, lumbar facet arthropathy, lumbar discogenic spine pain, and failed back surgery syndrome. He had past treatments of narcotic pain medication, home exercise (moist heat, stretches), physical therapy and TENS (transcutaneous electrical nerve stimulation). His medications were ibuprofen 800mg one tablet three times a day, vicodin 5/500mg one tab twice a day and adderall 20mg. The treatment plan is for a urine toxicology screening and vicodin #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

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

Decision rationale: The request for urine toxicology screening is not medically necessary. The injured worker complained of pain across the back, but he was obtaining functional pain control with his medication regimen. CA MTUS chronic pain medical treatment guidelines for drug testing recommends drug testing as an option to assess for the use or the presence of illegal drugs. The request for the urine toxicology screening is not medically necessary.

Vicodin #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

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

Decision rationale: The request for vicodin # 60 is not medically necessary. The injured worker complained of pain across the back, but he was obtaining functional pain control with his opioid medication regimen. CA MTUS chronic pain medical treatment guidelines, opioids, criteria for use, in on-going managements states that actions should include prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, a pain assessment that includes the current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. It also suggests the 4 A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) also be considered. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Documentation addresses the 4 A's as well as monitoring with optional urine drug screens however, the request does not state the directions for use. Therefore, the request for vicodin # 60 is not medically necessary.