

Case Number:	CM14-0040243		
Date Assigned:	06/30/2014	Date of Injury:	07/31/2012
Decision Date:	07/23/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/07/2014

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 & Rehabilitation 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:

This patient sustained an injury on 7/31/12 while employed by [REDACTED]. Request(s) under consideration include Continued Hydrocodone 2.5mg and Urine Drug Testing in 60-90 Days. Diagnoses include Left foot contusion and Left ankle sprain. Report of 2/3/14 from the provider noted the patient with continued chronic left foot and ankle pain with associated difficulty sleeping. The patient takes Hydrocodone and Xanax to help control the symptoms. Exam showed left foot tenderness with palpable effusion and limited range of motion; Left ankle had effusion; Neurological exam was reported as normal. Treatment included continued medications with future UDS. The patient remained temporarily totally disabled. There is an orthopedic AME report dated 10/1/13 noting patient was permanent and stationary with future medical care to include anti-inflammatory and non-narcotic analgesic with follow-up to be intermittent and only as-needed. Request(s) for Continued Hydrocodone 2.5mg and Urine Drug Testing in 60-90 Days were non-certified on 3/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Hydrocodone 2.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) page 74-96, On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects
Page(s): page 74-96,.

Decision rationale: This patient sustained an injury on 7/31/12 while employed by [REDACTED]. Request(s) under consideration include Continued Hydrocodone 2.5mg and Urine Drug Testing in 60-90 Days. Diagnoses include Left foot contusion and Left ankle sprain. Report of 2/3/14 from the provider noted the patient with continued chronic left foot and ankle pain with associated difficulty sleeping. The patient takes Hydrocodone and Xanax to help control the symptoms. Exam showed left foot tenderness with palpable effusion and limited range of motion; Left ankle had effusion; Neurological exam was reported as normal. Treatment included continued medications with future UDS. The patient remained temporarily totally disabled. There is an orthopedic AME report dated 10/1/13 noting patient was permanent and stationary with future medical care to include anti-inflammatory and non-narcotic analgesic with follow-up to be intermittent and only as-needed. There is a PacTox lab report dated 10/24/13 noting positive for Alprazolam; however, all opiates, including Hydrocodone were not detected. Review also indicate a recent urine drug screen was authorized on 11/13/13. The provider has not made reference to aberrant UDS findings nor is there any evidence of change in medical treatment profile addressing discrepancy. Additionally, orthopedic AME only recommended non-narcotic medication for future care of this contusion and sprain injury of 2012. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Continued Hydrocodone 2.5mg is not medically necessary and appropriate.

Urine Drug Testing in 60-90 Days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain: Urine Drug Testing (UDT).

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

Decision rationale: This patient sustained an injury on 7/31/12 while employed by [REDACTED]. Request(s) under consideration include Continued Hydrocodone 2.5mg and Urine Drug Testing in 60-90 Days. Diagnoses include Left foot contusion and Left ankle sprain. Report of 2/3/14 from the provider noted the patient with continued chronic left foot and ankle pain with associated difficulty sleeping. The patient takes Hydrocodone and Xanax to help control the symptoms. Exam showed left foot tenderness with palpable effusion and limited range of motion; Left ankle had effusion; Neurological exam was reported as normal. Treatment included continued medications with future UDS. The patient remained temporarily totally disabled. There is an orthopedic AME report dated 10/1/13 noting patient was permanent and stationary with future medical care to include anti-inflammatory and non-narcotic analgesic with follow-up to be intermittent and only as-needed. There is a PacTox lab report dated 10/24/13 noting positive for Alprazolam; however, all opiates, including Hydrocodone were not detected. Review also indicate a recent urine drug screen was authorized on 11/13/13. The provider has not made reference to aberrant UDS findings nor is there any evidence of change in medical treatment profile addressing discrepancy. Additionally, orthopedic AME only recommended non-narcotic medication for future care of this contusion and sprain injury of 2012. Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control. The patient has been P&S. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain despite evidence of aberrant drug behavior. The Urine Drug Testing in 60-90 Days is not medically necessary and appropriate.