

Case Number:	CM14-0048999		
Date Assigned:	06/25/2014	Date of Injury:	08/30/2006
Decision Date:	07/23/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/27/2014

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 Internal Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in Pennsylvania. 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 gentleman with a date of injury of 08/30/2006. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 02/14/2014 and 04/14/2014 described the worker was experiencing neck pain that went into the left arm and occasional left arm tingling that decreased the worker's activity level. The documentation recorded that symptoms improved after a prior steroid injection and improved "some" with the use of the medication hydrocodone with acetaminophen "once in a while" as needed. Documented examinations consistently showed tenderness in one of the neck muscles but were otherwise reported to be normal. The reviewed notes concluded the worker was suffering from cervical radiculopathy, myalgia and myositis, cervicgia, and displacement and degeneration of cervical intervertebral discs. Treatment had included multiple surgeries, the medication pregabalin, physical therapy, and the opioid medication hydrocodone with acetaminophen. The submitted and reviewed documentation did not further detail the benefit or side effects of the opioid medication, frequency of use, or intensity of the worker's pain. The hydrocodone was refilled on 02/14/2014 but was discontinued on 04/14/2014 after a successful steroid injection. A Utilization Review decision by [REDACTED] was rendered on 03/12/2014 recommending non-certification for urinary drug screen testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screen test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, page(s) 76-80; Opioids, Steps to Avoid Misuse/Addiction Page(s): 94-95..

Decision rationale: The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. However, an ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Office visit notes by [REDACTED] dated 02/14/2014 and 04/14/2014 recorded minimal assessments of the worker's pain. There was no detailed discussion of pain intensity, benefit from the opioid, time to relief onset, or length of benefit. Further, the submitted and reviewed documentation did not consider the continued need for this medication or discuss the option of weaning it in favor of other treatment options. The Guidelines support the use of random urinary drug screen testing as one of several important steps to avoid misuse of controlled medications and/or addiction. However, there is limited documentation supporting the continued need for this medication. In the absence of such evidence, the current request for urinary drug screen testing is not medically necessary.