

Case Number:	CM14-0056865		
Date Assigned:	07/09/2014	Date of Injury:	01/18/2011
Decision Date:	08/28/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 61-year-old with a reported date of injury of 01/18/2001. The patient has the diagnoses of lumbar radiculopathy, right knee internal derangement status post arthroscopy, right knee pain, chronic pain syndrome, chronic pain-related insomnia, myofascial syndrome, neuropathic pain, and chronic pain-related sexual dysfunction. Per the progress notes provided by the primary treating physician dated 04/14/2014, the patient has complaints of low back pain, right knee pain, right leg pain and bilateral wrist pain. The patient had complaints of increased spasms in the back and elevated pain due to lack of receiving her Butrans patches and the pain is rated a 9/10 without medication and a 7-8/10 with medication. The physical exam only listed the patient's vital signs. Treatment plan recommendations included request for authorization for a urine drug screen, an increase in Norco to every 6 hours, discontinue Ketoflex ointment, start Fluriflex ointment, refill Trepadone and Theramine and refill Butrans.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen, Opiates, steps to avoid misuse/addiction.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section on the ongoing use of Opioids states: "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control." This patient has had poor pain control and is on Opioids, therefore a urine drug screen is appropriate and medically necessary.

Norco (unspecified amount): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section on Opioid dosing states: "Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one Opioid, the morphine equivalent doses of the different Opioids must be added together to determine the cumulative dose." Use the appropriate factor below to determine the Morphine Equivalent Dose (MED) for each Opioid. In general, the total daily dose of Opioid should not exceed 120 mg oral morphine equivalents. Per review rarely, and only after pain management consultation, should the total daily dose of Opioid be increased above 120 mg oral morphine equivalents. Without a specified strength and dosing schedule, the medication cannot be determined to be in adherence to the above guidelines and thus not medically necessary.