

Case Number:	CM14-0086967		
Date Assigned:	07/23/2014	Date of Injury:	05/27/2010
Decision Date:	09/10/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/10/2014

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 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 46 year old male who had a work-related injury on 05/27/10. There is no documentation of mechanism of injury. Most recent documentation submitted for review is dated 05/28/14. The injured worker returns for a reevaluation regarding left elbow pain. He had been working in [REDACTED] and missed his last appointment. He has been out of medication for almost 2 weeks and the pain is much worse. He did well with the change in dose of MS Contin. He was able to limit the Norco to an average of 4 a day. Medications are helpful and well tolerated. He is able to continue working because medications control his pain. Pain is described as aching in the left elbow. Pain is worse with lifting. Pain is better with medication and rest. He rates the pain as a 7/10 on visual analog scale without medication and 2/10 with medication (which is the same as on the 07/23/13 follow-up visit). No new symptoms or neurological changes. Physical examination of the right elbow of the injured worker has 5/5 right upper extremity strength, limited in the left arm due to pain and limited mobility in the elbow, but grip is 5/5. Sensation is intact and equal. Tenderness to palpation. No swelling. Current medications include MS Contin 15mg, MS Contin 30mg, and hydrocodone 10mg four times daily. The injured worker's morphine equivalent dosage (MED) is 175. Recommended MED is 100 per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Norco 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. The injured worker's morphine equivalent dosage (MED) is 175. Recommended MED is 100 per day. As such, medical necessity has not been established. Therefore the request is not medically necessary.

1 Urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 43 of the Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. As such, the request for 1 Urine drug screen is medically necessary.