

Case Number:	CM15-0102820		
Date Assigned:	06/05/2015	Date of Injury:	01/22/2014
Decision Date:	07/09/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (n) 58 year old male, who sustained an industrial injury on 1/22/14. He reported pain in his left lower extremity after a fall. The injured worker was diagnosed as having status post-open reduction internal fixation of the left femur. Treatment to date has included physical therapy, an EMG/NCV study of the left lower extremity and Hydrocodone. There is no previous urine toxicology screen in the case file and no documentation of previous results. As of the PR2 dated 3/31/15, the injured worker reports 6/10 pain in the left thigh. He indicated that Hydrocodone twice daily does decrease the pain and the topical NSAID has decreased pain up to 5 points on a scale of 10 with improved range of motion and balance. Objective findings include tenderness of the left thigh at the femur fracture site; incision is well healed and favors right lower extremity with ambulation. The treating physician requested Hydrocodone 7.5mg #60, Ketoprofen 10% #300 grams x 3 refills and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 1/22/14. The medical records provided indicate the diagnosis of status post open reduction internal fixation of the left femur. Treatment to date has included physical therapy, an EMG/NCV study of the left lower extremity and Hydrocodone the medical records provided for review do not indicate a medical necessity for Hydrocodone 7.5 MG #60. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment If there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using opioid medications, since 11/2014, but with no overall improvement. The injured worker has not been returned to work, and the worker is not properly monitored for activities of daily living and adverse effects.

Topical Compound Ketoprofen 10 Percent #300 Grams with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 1/22/14. The medical records provided indicate the diagnosis of status post open reduction internal fixation of the left femur. Treatment to date has included physical therapy, an EMG/NCV study of the left lower extremity and Hydrocodone the medical records provided for review do not indicate a medical necessity for Topical Compound Ketoprofen 10 Percent #300 Grams with 3 Refills. Topical Compound Ketoprofen is a topical analgesic. The topical analgesics are largely experimental in drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Ketoprofen is not recommended.

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids Page(s): 43; 77.

Decision rationale: The injured worker sustained a work related injury on 1/22/14. The medical records provided indicate the diagnosis of status post open reduction internal fixation of the left femur. Treatment to date has included physical therapy, an EMG/NCV study of the left lower extremity and Hydrocodone. The medical records provided for review do not indicate a medical necessity for Urine Toxicology Screen. The MTUS recommends Drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs in individuals on opioids. The requested test is not medically necessary because the opioid has been determined not to be medically necessary.