

Case Number:	CM15-0142774		
Date Assigned:	08/03/2015	Date of Injury:	09/02/2013
Decision Date:	09/02/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/23/2015

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: California
 Certification(s)/Specialty: Emergency 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:

This 54 year old male sustained an industrial injury on 9-02-13. He subsequently reported left ankle pain. Diagnoses include ankle pain, joint. Treatments to date include ankle surgery, physical therapy and prescription pain medications. The injured worker continues to experience left ankle pain. Upon examination, there was swelling in the right ankle. Tenderness is noted. Range of motion is decreased with pain noted. A request for 1 prescription of Norco 10/325mg #180, Qualitative single class urine drug screen quantity: 6 and Assay of Urine Creatinine was made by the treating physician. A urine drug screen result dated 6/19/15 was provided but the results were not reviewed since this test is one of the services under independent medical review. Patient had recent urine drug screen done on 3/24/15 that was inconsistent with prescription. It was negative for opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has extremely variable pain complaints in review of progress notes. There is no obvious objective improvement in function and assessment of pain improvement is problematic due to wild swings in claims of pain from month to month. This is concerning for potential opioid induced hyperalgesia. There is no documented plan for weaning. Norco is not medically necessary.

Qualitative single class urine drug screen quantity: 6: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Patient is on chronic opioid therapy. Patient had a recent urine drug screen done that was inconsistent. Provider notes no other signs of abuse or aberrancy. A repeat urine drug screen to screen for potential aberrancy after an inconsistent urine drug screen is appropriate. However, this test was received for review as a request for a quantity of 6 tests which does not meet guidelines for quantity of testing. It is unclear if this request was done in error but a quantity of 6 urine drug tests is not indicated. Urine drug screen #6 is not medically necessary.

Assay of Urine Creatinine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acute pain assessment and opioid prescribing protocol. Health care protocol. Bloomington (MN): Institute for clinical Systems Improvement.

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

Decision rationale: As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Patient is on chronic opioid therapy. Patient had a recent urine drug screen done that was inconsistent. Provider notes no other signs of abuse or aberrancy. An assay of creatinine is done to determine if the urine sample has been adulterated or tampered with. It is appropriate after the recent urine drug screen that was negative for prescribed medications. While a urine creatinine is medically recommended with next urine drug screen, in this review and in utilization review, the requested urine drug screen was considered not medically necessary due to the request for an inappropriate number of tests. Urine creatinine is only valid when done with the urine drug screen. Since urine drug screen was not recommended, urine creatinine is also not recommended.