

Case Number:	CM15-0164741		
Date Assigned:	09/02/2015	Date of Injury:	07/20/2002
Decision Date:	10/05/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/21/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 7-20-02. The diagnoses have included status post cervical fusion with persistent cervicgia, status post bilateral carpal tunnel release surgery with recurrent carpal tunnel syndrome, status post left cubital tunnel release surgery with recurrent left elbow pain, bilateral cervical radiculopathy, and chronic pain syndrome. Treatment to date has included medications, activity modifications, diagnostics, surgery, immobilizer, cervical epidural steroid injection (ESI), and other modalities. Currently, as per the physician progress note dated 4-3-15, the injured worker complains of chronic neck pain status post failed neck syndrome with history of cervical fusion and persistent pain in the bilateral elbows and wrists with history of previous bilateral carpal tunnel release and left cubital tunnel release surgery. The neck pain is also associated with sharp shooting sensation to the upper extremities. The pain is rated 7-8 out of 10 on pain scale and she reports that she relies on the medications to help with the pain. The current medications included Oxycodone, Butrans patch, Soma, and topical compounded cream. The objective findings-physical exam reveals moderate to severe tenderness over the cervical musculature and upper trapezius. There is also moderate tenderness over the vertebral area. The cervical range of motion is about 70-80 percent with forward flexion and about 40-50 percent with backward extension and lateral bending but all with moderate to severe muscle spasm and guarding. She also continues to have tenderness over the bilateral elbows and wrists with positive Phalen and Tinel sign bilaterally. The physician requested treatment included urine Drug Screen x 3 to monitor compliance with opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

UA Drug Screen x 3: 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): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids. The patient was on opioids at the time of request, however the request is for 3 urine drug screens. The continued future use of opioids cannot be determined and therefore the request is not certified. Therefore, the requested treatment is not medically necessary.