

Case Number:	CM15-0185612		
Date Assigned:	09/25/2015	Date of Injury:	04/06/2001
Decision Date:	11/02/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old female, who sustained an industrial injury on 4-06-2001. The injured worker is being treated for bilateral carpal tunnel symptoms worse in the right and status post bilateral carpal tunnel release (2004), status post lumbar fusion (7-2003), chronic neck pain, depression due to chronic pain and status post multiple hip replacements. Treatment to date has included surgical intervention (lumbar fusion, 2003), diagnostics and medications. Per the only medical record submitted, the Primary Treating Physician's Progress Report dated 2-17-2015, the injured worker reported that she "has been absolutely miserable," She followed instructions and just took 6 Norco's a day but it has been inadequate. Norco gives her the runs and she does not tolerate it. Without any medication her pain level is rates as 10 out of 10 in severity. With the use of OxyContin it used to drop to 5-6 out of 10. With the current use of Norco the pain level is 9-10 at best. Objective findings included diminished strength in both upper and lower extremities. The notes from the doctor do not document efficacy of the prescribed medications. She has been prescribed OxyContin and Norco since at least 2-2015. Work status was permanent and stationary. The plan of care included continuation of Norco. On 8-31-2015, Utilization Review non-certified the request for urine drug screen and home evaluation by a home visiting nurse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2001 and is being treated for chronic pain. She has a history of a multilevel lumbar fusion in July 2003, bilateral carpal tunnel release surgery in January 2004, bilateral hip replacement surgery in October 2013, and there is also a history of a multilevel cervical fusion. When seen, medications are referenced as having previously decreased pain from 10/10 to 5-6/10 when they were being provided. She was currently taking Norco which was decreasing pain to 8-9/10. Her activity level had decreased. The assessment references an absence of aberrant drug seeking behavior and urine drug screening done previously had been consistent. She was using a walker. She had decreased upper and lower extremity strength. There were no new neurological changes. Norco was dispensed. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test results that would be inconsistent with the claimant's prescribed medications. Repeat urine drug screening within one year would not be medically necessary. In this case, the date of the last urine drug screening is unknown. For this reason, a repeat urine drug screening is not medically necessary.

Home evaluation by a home visiting nurse: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p 127.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2001 and is being treated for chronic pain. She has a history of a multilevel lumbar fusion in July 2003, bilateral carpal tunnel release surgery in January 2004, bilateral hip replacement surgery in October 2013, and there is also a history of a multilevel cervical fusion. When seen, medications are referenced as having previously decreased pain from 10/10 to 5-6/10 when they were being provided. She was currently taking Norco which was decreasing pain to 8-9/10. Her activity level had decreased. The assessment references an absence of aberrant drug seeking behavior and urine drug screening done previously had been consistent. She was using a walker. She had decreased upper and lower extremity strength. There were no new neurological changes. Norco was dispensed. Criteria for the frequency of urine drug testing include evidence of risk

stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test results that would be inconsistent with the claimant's prescribed medications. Repeat urine drug screening within one year would not be medically necessary. In this case, the date of the last urine drug screening is unknown. For this reason, a repeat urine drug screening cannot be accepted as being medically necessary. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, there is no reason given as to why a home evaluation is being requested. Whether this is a self-care, environmental, or some other issue is unknown. The request is not medically necessary.