MAXIMUS Federal Services

Case Number:	CM15-0186339		
Date Assigned:	09/28/2015	Date of Injury:	08/04/2011
Decision Date:	11/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/22/2015

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 53 year old female, who sustained an industrial injury on 08-04-2011. The injured worker is currently able to return to modified work. Medical records indicated that the injured worker is undergoing treatment for lumbalgia, neuralgia, neuritis, & radiculitis, and internal derangement of knee. Treatment and diagnostics to date has included lumbar spine MRI and medications. Current medications include Norco-Vicodin (since at least 03-07-2015), Flexeril, Hydrochlorothiazide, and Metformin. After review of progress notes dated 08-08-2015 and 09-01-2015, the injured worker reported back pain with radiculitis and stated that Norco "produces reduction of 6 to 3 out of 10, permits sleep, and some activities of ADL (activities of daily living). Patient cannot shower because of pain with standing. She needs to sit with bathing". Objective findings included occasional neck pain with slight decreased range of motion and diminished range of motion and focal tenderness to extremities. The request for authorization dated 09-01-2015 requested liver panel test, urine drug screen, and Vicodin 10-325mg #270. The Utilization Review with a decision date of 09-18-2015 denied the request for Vicodin 10-325mg #270, urine drug screen, and follow up office visit with report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10/325 mg Qty 270: 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 for chronic pain, Opioids for neuropathic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The injured worker sustained a work related injury on 08-04-2011 .The medical records provided indicate the diagnosis of for lumbalgia, neuralgia, neuritis, & radiculitis, and internal derangement of knee. Treatment to date has include chiropractic care, physical therapy, work modifications, Norco or Vicodin (since at least 03-07-2015), Flexeril, Hydrochlorothiazide, and Metformin. The medical records provided for review do not indicate a medical necessity for Vicodin 10/325 mg Qty 270. 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 long-term use of opioids for 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. Furthermore; 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 pain was 9/10 without medications on 07/11/2015, but 6/10 to 9/10 (but usually 12/10) without medications on 09/01/2015; in each visit the records indicate injured worker was suspended from work, but had been working 4 hours until the suspension, but the worker seeks to go back to work. The 5/2/15 notes states she is off work till 09/30/15. The 03/17/15 records indicate she was continued on Vicodin, and she was unable to take Ibuprofen because of internal bleed, including Epistaxis. Although there is a case for continued use of opioids due to the adverse effects from NSAIDs, the medical records indicate the injured worker has not had overall improvement in pain in function, since 02/2014; the injured worker has not returned to work. The MTUS defines functional improvement as: means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam; and a reduction in the dependency on continued medical treatment.

Urine drug screen: Overturned

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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Urine drug testing (UDT).

Decision rationale: The injured worker sustained a work related injury on 08-04-2011 .The medical records provided indicate the diagnosis of for lumbalgia, neuralgia, neuritis, & radiculitis, and internal derangement of knee. Treatment to date has include chiropractic care, physical therapy, work modifications, Norco or Vicodin (since at least 03-07-2015), Flexeril, Hydrochlorothiazide, and Metformin. The medical records provided for review do indicate a medical necessity for: Urine drug 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. The Official Disability Guidelines considers individuals with psychiatric disorder to be at moderate risk for substance abuse or aberrant behavior; therefore recommends testing then 2-3 times in a year.

The medical records indicate the injured worker suffers from Depression, therefore, the requested test is medically necessary since this injured worker was on long term use of opioids at the time of this request.

Follow up office visit with report: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: The injured worker sustained a work related injury on 08-04-2011 .The medical records provided indicate the diagnosis of for lumbalgia, neuralgia, neuritis, & radiculitis, and internal derangement of knee. Treatment to date has include chiropractic care, physical therapy, work modifications, Norco or Vicodin (since at least 03-07-2015), Flexeril, Hydrochlorothiazide, and Metformin. The medical records provided for review do not indicate a medical necessity for Follow up office visit with report. The MTUS states that even when the medical condition is not expected to change appreciably from week to week, frequent follow-up visits are often warranted for monitoring in order to provide structure and reassurance. However, the utilization reviewer stated the injured worker was approved a follow up visit on 09/17/15.