

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0245600 | | |
| Date Assigned: | 12/28/2015 | Date of Injury: | 10/18/2010 |
| Decision Date: | 01/29/2016 | UR Denial Date: | 12/03/2015 |
| Priority: | Standard | Application Received: | 12/17/2015 |

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:

The injured worker is a 49 year-old female who sustained an industrial injury on 10-18-10. The injured worker was being treated for cervicalgia, cervical radiculopathy, cervical disc protrusion, cervical facet dysfunction, anxiety, depression, myalgia, headaches, insomnia, bilateral shoulder pain, occipital neuralgia, and temporomandibular joint dysfunction. On 11-11-15, the injured worker reports her pain is about the same and worse in intensity overall. She notes the Butrans patch is helping controlling her pain and rates the level of pain 7 out of 10 with medications and 9 out of 10 without medications on 10-14-15 and 8 out of 10 without medications and 5 out of 10 with medications. On 10-14-15, she denied constipation, diarrhea, upset stomach, fevers or chest pain. Physical exam performed on 10-14-15 and 11-11-15 revealed weakness in right grip, tenderness to palpation over the cervical paraspinal musculature, upper trapezius, scapular border, lumbar paraspinal and bilateral shoulders. Urine drug screen performed on 9-9-15 was inconsistent with medications prescribed as Hydromorphone and Hydrocodone were not detected. Treatment to date has included oral medications including Lunesta 2mg, Zanaflex 4mg, Restoril 30mg and Colace 30mg, topical Butrans patch 20mcg, unsuccessful intrathecal pain pump implant, and activity modifications. On 11-11-15 request for authorization was submitted for Lunesta 2mg #30, Butrans patch 20mcg #4, Zanaflex 4mg #90, Restoril 30mg #30, Colace 100mg #60 and random urine drug testing. On 12-3-15 request for Colace 100mg #60 and random urine drug testing was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug testing: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, UDT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The requested Random urine drug testing, is medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances), to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has reported that her pain is about the same and worse in intensity overall. She notes the Butrans patch is helping controlling her pain and rates the level of pain 7 out of 10 with medications and 9 out of 10 without medications on 10-14-15 and 8 out of 10 without medications and 5 out of 10 with medications. On 10-14-15, she denied constipation, diarrhea, upset stomach, fevers or chest pain. Physical exam performed on 10-14-15 and 11-11-15 revealed weakness in right grip, tenderness to palpation over the cervical paraspinal musculature, upper trapezius, scapular border, lumbar paraspinal and bilateral shoulders. Urine drug screen performed on 9-9-15 was inconsistent with medications prescribed as Hydromorphone and Hydrocodone were not detected. Due to the reported previous inconsistent drug screen results, the criteria noted above having been met, random urine drug testing is medically necessary.

Colace 100mg one tablet po bid prn #60: Upheld

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

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

Decision rationale: The requested Colace 100mg one-tablet po bid prn #60, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009, Opioids, criteria for use, Page 77, noted in regards to opiate treatment that opiates have various side effects, that "include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction and that prophylactic treatment of constipation should be initiated." The injured worker has reported that her pain is about the same and worse in intensity overall. She notes the Butrans patch is helping controlling her pain and rates the level of pain 7 out of 10 with medications and 9 out of 10 without medications on 10-14-15 and 8 out of 10 without medications and 5 out of 10 with medications.

On 10-14-15, she denied constipation, diarrhea, upset stomach, fevers or chest pain. Physical exam performed on 10-14-15 and 11-11-15 revealed weakness in right grip, tenderness to palpation over the cervical paraspinal musculature, upper trapezius, scapular border, lumbar paraspinal and bilateral shoulders. The treating physician has not documented the duration of opiate therapy, presence of constipation, nor symptomatic or functional improvement from previous use of this medication. The criteria noted above not having been met, Colace 100mg one tablet po bid prn #60 is not medically necessary.