

Case Number:	CM13-0017297		
Date Assigned:	10/11/2013	Date of Injury:	12/23/2008
Decision Date:	01/13/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported an injury on 12/23/2008, underwent right meniscal repair, but had continued pain complaints, so was treated with medications. The medical records submitted for review provide evidence that the patient is monitored regularly with urine drug screens. The patient's medication schedule included Norco 10/325 mg, one every eight hours; Colace 100 mg three times a daily as needed; Fioricet 40/325/50 mg, one tablet every eight hours as needed; Gabapentin 600 mg, two every night; Voltaren 75 mg, one by mouth three times a day; Medrox patches, one patch every twelve hours; Cidaflex, two every morning and one every night; TGHOT ointment, apply three times a day; Sintralyne, one to two every night. The most recent clinical exam findings indicate that the patient has 9/10 pain without medications. It was noted that the injured worker tested positive for Tramadol and Hydrocodone and negative for Gabapentin and barbiturates on a urine drug screen on 08/02/2013. Their treatment plan included continued medication usage, and their diagnoses included status post right meniscal repair, right knee sprain/strain, chronic pain syndrome, lumbar radiculitis, lumbar sprain/strain, chronic pain related anxiety, chronic pain related insomnia, and chronic pain related depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen between 7/11/13 and 10/1/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: California Medical Treatment Utilization Schedule does recommend monitoring for compliance of a prescribed medication schedule when the patient is prescribed opioids for chronic pain management, and the medical records submitted for review reflect that the patient is taking medications that require monitoring.; however, the clinical documentation submitted for review shows that the patient underwent a urine drug screen in May, 2013. The clinical documentation submitted for review does not provide any evidence of aberrant or non-adherent behaviors that would support the need for an additional urine drug screen. As such, the requested 1 urine drug screen between 07/11/2013 and 10/01/2013 is non-certified.

One prescription of Norco 10/325mg, #90 between 7/11/13 and 10/1/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 678.

Decision rationale: The California Medical Treatment Utilization Schedule recommends that the usage of opioids for chronic pain management be supported by an assessment of pain control, documentation of increased functional capabilities, assessment of side effects, and monitoring of compliance to a prescribed medication schedule. The medical records submitted for review indicate that the injured worker is consistently monitored for aberrant behavior, has pain relief from a 6/10 with medications and has pain rated at an 8/10 without medications. The injured worker did report dizziness when he initially takes this medication; however, the medical records do not provide any clear evidence of increased functional capabilities as a result of the prescribed medication schedule. As such, the requested prescription of Norco 10/325 mg #90 between 07/11/2013 and 10/01/2013 is not medically necessary or appropriate.

One prescription of Norco 10/325mg, #90 between 7/11/13 and 10/1/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKary SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p. [44 references].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Initiating Therapy Page(s): 77-78.

Decision rationale: The medical records submitted for review indicate that the patient is on multiple medications that could cause constipation; however, this side effect is not documented within the documentation. Therefore, the efficacy of this medication cannot be established. As

such, the request for one prescription of Colace 100 mg, #90 between 07/11/2013 and 10/01/2013 is not medically necessary or appropriate.

One prescription of Gabapentin 600mg, #60 between 7/11/13 and 10/1/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: The medical records submitted for review reflect that the patient does have pain relief from an 8/10 to a 6/10 regarding medication usage. However, the California Medical Treatment Utilization Schedule recommends continued usage of medication for chronic pain be supported by documentation of increased functional capabilities. The clinical documentation submitted for review does not indicate that the patient has an increase in functional capabilities as a result of the medication. As such, the requested prescription of Gabapentin 600 mg #60 between 07/11/2013 and 10/01/2013 is not medically necessary or appropriate.

One prescription of Gabapentin 600mg, #60 between 7/11/13 and 10/1/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: The medical records submitted for review reflect that the patient has pain relief from an 8/10 to a 6/10 as a result of the prescribed medications. However, the California Medical Treatment Utilization Schedule recommends continuation of medication usage for chronic pain management be supported by increased functional capabilities. The clinical documentation submitted for review does not provide any evidence of increased functional capabilities as a result of the patient's medication schedule. Additionally, it is noted on the 08/23/2013 chart note that his medication was discontinued. Therefore, any prescription request after that would not be supported. As such, the requested prescription of Anaprox 550 mg #90 between 07/11/2013 and 10/01/2013 is not medically necessary or appropriate.