

Case Number:	CM14-0093752		
Date Assigned:	09/12/2014	Date of Injury:	03/26/2001
Decision Date:	10/15/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/20/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/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 claimant is a 60 year old male who sustained a work injury on 3-26-01. The claimant has had a SCS implanted. On 6-3-14, it is noted the claimant is provided with trigger point injections. Request was made for UDS next visit. The claimant is provided with refill medications. Office visit on 9-9-14 notes the claimant complains of low back pain that radiates down bilateral legs. He rates his pain as 7-8/10. He also reports neck pain rated as 5-6/10. He is currently not working. On exam, the claimant has tenderness through the cervical, thoracic and lumbar spine. He has limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen at next visit: Overturned

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 DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Urine Drug Testing, (UDT)

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is indicated.

This claimant is being prescribed opioids and a urine drug screen is reasonable to verify compliance. He has not had a UDS this year. Testing once a year is reasonable in a patient without abuse or misuse issues. Therefore, the request for a UDS is medically indicated.

Vicodin 7.5mg/300mg #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER - OPIOIDS

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that ongoing use of opioids require 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 nonadherent) 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). There is an absence in documentation noting that the claimant has functional improvement with this medication. Quantification of improvement, if any, or any documentation that this medication improves psychosocial functioning. He continues with reported high levels of pain. Therefore, the medical necessity of this request is not established.

Skelaxin 800mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-67. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER - MUSCLE RELAXANTS

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. There is an absence noting any functional improvement. His complaints are the same. Therefore, the medical necessity of this request is not established.