

Case Number:	CM15-0014427		
Date Assigned:	02/02/2015	Date of Injury:	11/20/1997
Decision Date:	03/23/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 63 year old female, who sustained a work related injury on 11/20/97. The diagnoses have included lumbar spine disc protrusions, status post cervical fusion, strain/sprain lumbar spine and fibromyalgia. Treatments to date have included oral medication including Vicodin, Lidoderm patches, acupuncture, MRI lumbar spine and home exercise program. In the PR-2 dated 10/2/14, the injured worker complains of lower back pain with pain that radiates down both legs. She complains of foot drop with left foot. She rates the pain a 9/10. In a PR-2 dated 2/3/15, the injured worker complains of lower back pain with numbness and tingling that radiates down to her left calf. He rates the pain an 8/10. She complains of neck and left shoulder pain. She rates this pain 5-7/10. She rates overall pain a 4-6/10 on pain medications and an 8-9/10 off of medications. She complains of tenderness to palpation of lower back. On 1/19/15, Utilization Review non-certified a request for a urine drug screen. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 1/19/15, Utilization Review modified a request for Vicodin 5/300mg., #100 to Vicodin 5/300mg., #75. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Vicodin 5/300 mg #100 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are posterior disc bulge L2 -L3 measuring 3 mm bilateral hypertrophy (See MRI for details); impingement syndrome left shoulder; status post cervical spine fusion; 3/3 and lumbar spine; and fibromyalgia. Documentation in the medical record indicates the VAS pain scale 8/10. The injured worker's symptoms have become exacerbated in recent cold weather changes. The injured worker is not working and denies any new injuries. The injured worker takes the Ultram ER 200 mg once per day. Vicodin is taken for breakthrough pain. The treating physician prescribed Vicodin as far back as July 22, 2014. There is no documentation of objective functional improvement in the medical record. There are no pain assessments in the medical record. There were no risk assessments in the medical record. There are no urine drug screens the medical record. Consequently, absent clinical documentation with objective functional improvement to gauge Vicodin's efficacy, Vicodin 5/300 mg #100 is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Pain section, Urine drug screen

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. 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, the injured worker's working diagnoses are posterior disc bulge L2 -L3 measuring 3 mm bilateral hypertrophy (See MRI for details); impingement syndrome left shoulder; status post cervical spine fusion; 3/3 and lumbar spine; and fibromyalgia. Documentation in the medical record indicates the injured worker's symptoms

have been increasing with the VAS pain scale of 8/10. The injured worker's symptoms have become exacerbated in recent cold weather changes. The injured worker is not working and denies any new injuries. The injured worker takes the Ultram ER 200 mg once per day. Vicodin is taken for breakthrough pain. The documentation does not contain any risk assessments. There are no past urine drug screens in the record. The documentation does not contain any entries regarding aberrant drug-related behavior or drug misuse or abuse. There is no indication in the medical record as to whether prior urine drug testing was performed over the prior 12 months. Additionally, Vicodin 5/300 mg (supra) is not medically necessary. Consequently, absent clinical documentation with prior urine drug testing, risk assessments and aberrant drug-related behavior, urine drug testing is not medically necessary.