

Case Number:	CM15-0121301		
Date Assigned:	07/02/2015	Date of Injury:	08/09/2011
Decision Date:	08/07/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/23/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 8/9/11. Initial diagnosis and symptoms experienced were not included in the documentation. Treatment to date has included medication. Currently, the injured worker complains of 5/19/15 right elbow pain described as aching, tiring and stabbing rated 4/10 with medication and 10/10 without medication. She also reports loss of strength in her right hand. The injured worker is diagnosed with enthesopathy of the elbow (unspecified) and is currently employed. In notes dated 10/14/14, 1/21/15, and 2/20/15 states that the range of motion in both elbows is within normal limits, but is accompanied by pain. There is tenderness noted in the right elbow, she has decreased strength in her right hand. Sensation of her right upper extremity is intact. There is moderate impairment in activities of daily living due to pain. A progress note dated 5/19/15 states the injured worker reports relief from pain with medication, which allows her to maintain her personal care, rest/sleep and grasp/grip objects. It is also noted the injured worker cannot tolerate anti-inflammatory medications due to gastrointestinal upset. A serum drug screen quantity of 4 in a 12 month period and Hydrocodone/APAP 10/325 mg #270 are being requested to continue to provide pain relief to the injured worker and monitor her medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum drug screen (within a 12 month period) QTY: 4.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: MTUS recommends urine drug testing as an option to assess for illegal drugs. The records do not discuss risk factors creating a higher than average risk of aberrant behavior in this case; without such elevated risk factors, the rationale for 4 drug screens in 1 year is not apparent. Additionally the rationale for serum as opposed to urine drug screening is not apparent. This request is not medically necessary.

Hydrocodone/APAP 10/325mg QTY: 270.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.