

Case Number:	CM15-0029799		
Date Assigned:	02/23/2015	Date of Injury:	01/05/1996
Decision Date:	04/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/18/2015

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 53 year old male, who sustained a work related injury on 1/5/96. He sprained his right knee. The diagnoses have included degenerative disc disease, lumbalgia, internal derangement of knee and post lumbar laminectomy syndrome. Treatments to date have included intrathecal pain pump medication, oral medications including Hydrocodone/APAP, right knee surgery, epidural steroid injections, sacroiliac nerve blocks, chiropractic treatments to right knee, and lumbar surgery. In the PR-2 dated 1/21/15, the injured worker complains of low back, right knee and right shoulder pain. Activities of daily living aggravate pain in all areas noted and rest makes the pain better. All pain areas are tender to touch. He has decreased range of motion in low back and right knee. He is responding well to intrathecal therapy and is being weaned down on Hydrocodone/APAP. On 2/5/15, Utilization Review non-certified requests for an unknown prescription for Hydrocodone/APAP and serum toxicology test, four times a year. The California MTUS, Chronic Pain Treatment Guidelines were cited for Hydrocodone/APAP and no guidelines recommended for serum toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription for Hydrocodone/Apap: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Unknown prescription for Hydrocodone/Apap , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back, right knee and right shoulder pain. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Unknown prescription for Hydrocodone/Apap is not medically necessary.

1 Serum Toxicology Test, four times a year: 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 43, 'Drug testing' Page(s): 43.

Decision rationale: The requested 1 Serum Toxicology Test, four times a year, is not 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. ODG -TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain(Chronic), (updated 07/10/14), Urine Drug Testing, notes that claimants at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants at 'high risk' of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The injured worker has low back, right knee and right shoulder pain. The referenced guideline recommends up to 2 to 3 times per year drug testing for claimants at 'moderate risk', thereby making four times per year frequency excessive. The criteria noted above not having been met, 1 Serum Toxicology Test, four times a year is not medically necessary.

