

Case Number:	CM14-0151627		
Date Assigned:	09/19/2014	Date of Injury:	06/07/2007
Decision Date:	11/05/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/11/2014

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 Family Practice and is licensed to practice in Mississippi and 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 injured worker is a 60-year-old female who reported a work related injury on 06/04/2007. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of bilateral knee pain, knee degenerative joint disease, knee internal derangement, chronic low back pain, central disc protrusion at L5-S1, L3-4, L4-5, lumbar degenerative disc disease, and lumbar facet joint arthroplasty. The injured worker's past treatment and diagnostics were not provided for review. Upon examination on 09/09/2014, the injured worker complained of bilateral knee pain and bilateral low back pain. The pain was noted to be exacerbated by prolonged sitting, prolonged standing, lifting, twisting, driving, any activities, lying down, coughing, sneezing, and baring down. Upon physical examination, it was noted that there was no tenderness upon pain of the lumbar paraspinal muscles and bilateral knee. Muscle girth was symmetric in all limbs. Peripheral pulses were +2 bilaterally, with normal capillary filling. Tenderness was also noted upon palpation of the bilateral medial joint line. The injured worker's prescribed medications include Norco, gabapentin, and lisinopril. The treatment plan consisted of a urine drug screen, hydrocodone, Norco, follow-up in 4 weeks. The rationale for the request of hydrocodone was pain, and the request for Norco was also for pain. A Request for Authorization from was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone 10/325mg # 120 Date of Service 8/12/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for retrospective Hydrocodone is not medically necessary. The California MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon an assessment, 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 should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 4 domains have been proposed as the most important in monitoring pain relief, side effects, and physical monitoring of these outcomes over time should affect therapeutic decisions and provide an outline of the clinical use of these controlled drugs. The injured worker complained of bilateral knee pain and bilateral low back pain. Within the documentation provided for review, there is no clear documentation as to functional benefit from the chronic use of hydrocodone. The injured worker was prescribed hydrocodone on 08/12/2014, and the assessment was done on 09/09/2014. Within this span of time the injured worker still had persistent pain. The documentation also does not provide clinical information that contains evidence of significant measurable subjective information and functional improvement and a result of continued opioid use. Additionally, there is a lack of documentation indicating that the injured worker has an increased ability to continue activities of daily living with the use of hydrocodone, and there is a lack of documentation indicating the adverse effects of the medication, risk assessment of the injured worker for drug related behavior has been addressed. Therefore, the request for hydrocodone cannot be warranted. Furthermore, there is no indication that the continued use of hydrocodone would have any benefit to the injured worker's pain. As such, the request for Hydrocodone is not medically necessary.

Retrospective Naproxen 550mg #60Date of Service 8/12/2014.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Naproxen is medically necessary. Naproxen is a nonsteroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. The guidelines support the effectiveness of nonsteroidal anti-inflammatory drugs for acute exacerbations of chronic low back pain. The injured worker's records demonstrate compliance of chronic low back pain. The request for Naproxen 550 mg is medically necessary.

Retrospective (12) Panel Urine Drug ScreenDate of Service 8/12/2014: 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: The retrospective request for a urine drug screen is not medically necessary. California MTUS recommends drug testing as an option to screen for the use or the presence of illegal drugs. Within the documentation provided for review, there is no evidence of the provider's concern over the injured worker's use of illicit drugs or noncompliance with prescription medications. Additionally, there is no documentation of the previous drug screening over the past 12 months, or what those results were, and if they yielded any negative results. In regards to the documentation provided for review, the medical necessity for a urine drug screen cannot be warranted. As such, the request for a urine drug screen is not medically necessary.