

Case Number:	CM13-0007551		
Date Assigned:	09/18/2013	Date of Injury:	07/15/2009
Decision Date:	02/10/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehab, and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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 patient is a 57-year-old injured worker with a date of injury on 07/15/2009. The progress report dated 06/18/2013, by [REDACTED], indicates that the patient's diagnoses include: Pain in bilateral shoulders, depression, arthrosis of the right elbow, and recurrent headaches. The patient is indicated to have continued pain in his right wrist, right shoulder, right arm, right finger, psychiatric problems, also admitted his neck, right lower extremity, headaches, and left upper extremities as part of his complaints. Exam findings include tenderness over the cervical spine with reduced range of motion particularly with hyperextension. The patient has tenderness over the bilateral upper trapezius muscles. The patient does have decreased grip strength bilaterally. There is popping noted in the left shoulder with range of motion. The utilization review letter dated 07/26/2013 indicated a denial was made for urine drug screen, Norco 5/325 #60, Zanaflex 4 mg #60, Prilosec 20 mg #60, neurology consult. The CBC, CHEM-8, hepatic panel have been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 POC urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter for Urine Drug Testing

Decision rationale: Regarding urine drug screen, this patient is on narcotic medication. The progress report from [REDACTED] dated 05/02/2013 indicates a request was made for an authorization of a urine drug screen on the 06/18/2013 progress report. The treating physician had indicated that the authorization was received for the urine drug screen. It was then performed on that date. There is only one drug screen included in the medical records for review, dated 06/18/2013. The MTUS Chronic Pain Medical Treatment Guidelines page 94-95 regarding guidelines for steps to avoid opioid misuse states that frequent random toxicology screens are recommended. The frequency of urine drug screens is addressed by the Official Disability Guidelines (ODG) which state that patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. The treatment provider does not mention in their discussion the level of risk this patient is; however, the medical records indicate that the patient has had only one urine drug screen. The request for 1 POC urine drug screen is medically necessary and appropriate.

1 prescription of Norco 5/325mg, quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 88-89.

Decision rationale: This patient does appear to suffer from chronic pain issues. However, the medical records dated between 05/02/2013 and 07/30/2013 from [REDACTED] did not document any functional gain the patient has received from the use of narcotic medication. The MTUS Chronic Pain Medical Treatment Guidelines, page 88 and 89, states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Pain should be assessed at each visit and functioning should be measured at 6-month intervals using numerical scale or validated instrument. The progress reports dated 05/02/2013, 06/18/2013, and 07/30/2013 did not indicate the level of pain the patient was experiencing and what functional gain the patient received or improved quality of life. Under outcome measures, MTUS also recommends reporting current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. In the progress report dated 07/30/2013, [REDACTED] does mention that the patient reports benefit with pain medication. However, this is a general statement and does not include any specific example of functional improvement. The request for Norco 5/325mg, quantity 60, is not medically necessary and appropriate.

1 prescription of Zanaflex 4mg, quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, regarding Zanaflex states that Zanaflex is considered a first-line option to treat myofascial pain. The medical records provided for review indicates that the patient continues to have chronic pain including myofascial pain in the neck and shoulders. The request for 1 prescription of Zanaflex 4mg, quantity 60 is medically necessary and appropriate.

1 prescription of Prilosec 20mg, quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The medical records indicate this patient is on several different medications some of which are known to cause GI upset. However, the provider fails to document any symptoms of GI upset or evaluation of the patient's risk factors for gastrointestinal events. The MTUS Chronic Pain Medical Treatment Guidelines, pg. 69, recommends evaluating risk factors for gastrointestinal events such as: Age greater than 65 years; History of peptic ulcer; GI bleeding or perforation; Concurrent use of aspirin, corticosteroids, and/or anticoagulant; and High-dose/multiple NSAID. The medical records did not indicate that the treatment provider has documented evaluation of GI risk factors and the patient has not complained of GI symptoms in relation to the medications. The request for 1 prescription of Prilosec 20mg, quantity 60, is not medically necessary and appropriate.

1 neurology consultation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), pg. 127.

Decision rationale: The ACOEM Guidelines page 127 states that treating physician may refer patients to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The medical records provided for review indicates that the patient continues with chronic

headaches and has not received a significant benefit from prior treatment. The request for 1 neurology consultation is medically necessary and appropriate.