

Case Number:	CM13-0021182		
Date Assigned:	03/12/2014	Date of Injury:	08/08/2011
Decision Date:	04/23/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/05/2013

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 Physical Medicine and Rehabilitation, 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 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:

According to the records made available for review, this is a 48-year-old female with a 8/8/11 date of injury and status post right shoulder acromioplasty and rotator cuff repair on 4/17/12. At the time (8/2/13) of request for authorization for Hydrocodone 10/325 X 90, Cyclobenzaprine 10MG x 90, and urine drug screen, there is documentation of subjective (right shoulder pain radiating to the neck with headaches) and objective (tenderness to palpation of the right shoulder with spasms, tenderness to palpation of the cervical spine, restricted right shoulder range of motion, and positive impingement signs of the right shoulder) findings, current diagnoses (status post right shoulder surgery, right shoulder derangement, impingement and tendinitis; and cervical sprain/strain), and treatment to date (Hydrocodone since at least 4/8/13 and Cyclobenzaprine dispensed on 8/2/13). In addition, medical reports identify last urine drug screen was performed on 6/7/13. Furthermore, 8/30/13 medical report identifies the presence of an opioid contract; treatment with Hydrocodone decreases the patient's pain level to a 2/10 and allows the patient increased functionality in her activities of daily living; Flexeril decreases the patient's spasm pain to a 3/10; and that random urine drug screening is indicated since "the patient is taking chronic opioids, has had 3 urine drug screens in 2013, and is allowed to up to four random drug screens according to the guidelines". Regarding the requested Cyclobenzaprine 10MG x 90, there is no documentation of acute muscle spasms; the intended duration of therapy with Cyclobenzaprine; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Regarding the requested urine drug screen, there is no documentation that the patient is at "high risk" of adverse outcomes and requires testing more than 2 to 3 times a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325 X 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80. Decision based on Non-MTUS Citation TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post right shoulder surgery, right shoulder derangement, impingement and tendinitis; and cervical sprain/strain. In addition, given documentation of an opioid contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation that treatment with Hydrocodone decreases the patient's pain level to a 2/10 and allows the patient increased functionality in her activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone 10/325 X 90 is medically necessary.

CYCLOBENZAPRINE 10MG x 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, MUSCLE RELAXANTS (FOR PAIN); AND TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. ODG identifies that muscle relaxants are

recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term

URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 78. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, URINE DRUG TESTING.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG identifies that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter; patients 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; patients at "high risk" of adverse outcomes may require testing as often as once per month. Within the medical information available for review, there is documentation of diagnoses of status post right shoulder surgery, right shoulder derangement, impingement and tendinitis; and cervical sprain/strain. In addition, there is documentation that the patient is under on-going opioid treatment. However, given documentation that the patient has had 3 urine drug screens in 2013 with the last one on 6/7/13, there is no documentation that the patient is at "high risk" of adverse outcomes and requires testing more than 2 to 3 times a year; and a rationale identifying the medical necessity of repeat urine drug testing. Therefore, based on guidelines and a review of the evidence, the request for urine drug screen is not medically necessary.