

Case Number:	CM13-0021455		
Date Assigned:	11/08/2013	Date of Injury:	07/22/2001
Decision Date:	10/07/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/09/2013

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 Internal Medicine 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:

The injured worker is a 52 year old female injured on 07/22/01 as a result of cumulative trauma resulting in complaints to the neck, back, bilateral upper extremities, and headaches. Surgical interventions to the wrists, shoulders, and elbows including bilateral carpal tunnel release and revisions, bilateral cubital tunnel release, and bilateral shoulder surgeries. The clinical note dated 12/10/13 indicated the injured worker presented with complaints of continued shoulder pain and spasms, right greater than left as well as continued carpal tunnel syndrome symptoms with numbness and tingling and pain in the bilateral hands. Objective findings included good bilateral grip strength, positive Tinel's bilaterally, tenderness in the medial epicondyles of the bilateral elbows, shoulder range of motion limited bilaterally to approximately 110 degrees with abduction. Medications included Norco 10/325mg four times a day, MS Contin 15mg every night, Ambien CR 6.25mg every night, Soma 350mg twice a day and Lidoderm patches. Diagnoses include history of bilateral shoulder surgery, history of bilateral carpal tunnel release x 2, history of bilateral ulnar release, chronic pain syndrome, and history of plantar fasciitis of the left foot. Treatment plan included prescriptions for MS Contin, Norco and trazadone. The urine drug screen performed on 08/19/13 was noted to be positive for opiates consistent with prescribed medications. The initial request for Norco, MS Contin and a urine drug screen was initially non-certified on 12/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, 1 prescription of Norco 10/325 mg #240 is not medically necessary.

MS CONTIN 15MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, MS Contin 15 mg #60 is not medically necessary.

1 URINE DRUG SCREEN: 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 Drug testing Page(s): 43.

Decision rationale: It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover

diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The urine drug screen performed on 08/19/13 was noted to be positive for opiates consistent with prescribed medications. There is no other indication in the documentation that the injured worker is a moderate to high risk for opioid addiction/aberrant behavior warranting additional testing. As such, the request for 1 Urine Drug Screen is not medically necessary.