

<b>Case Number:</b>	CM13-0027458		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	06/22/2009
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 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 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 52 year old, female with a date of injury of 6/22/09 with diagnoses of recurring depression, pain disorder, sprain acromioclavicular, and carpal tunnel syndrome, as noted on visit 4/17/13 by [REDACTED]. An orthopedic report by [REDACTED] from 7/29/13 states that the patient has right shoulder pain, severe and disabling. Only 30 degrees of abduction or forward flexion is noted. A recent MRI showed partial thickness tear of the right rotator cuff. The patient was given a subacromial injection. The treater is requesting an MRI arthrogram. No discussion regarding meds. The requests for medications were denied per UR letter from 8/22/13 due to lack of dosing, strength, documentation of improvement from meds, etc. In reviewing [REDACTED] reports back to 4/17/13, the only report that lists the prescribed medications is on 8/19/13, but there are no details about the dosage, count, or patient instructions. I can find no discussions on function, pain reduction, or other medication efficacy indicators.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

**Decision rationale:** This patient suffers from chronic shoulder pain with depression. The patient is apparently treated with opiates, but the treater does not provide any documentation regarding its use. There is not a single mention of how the patient is doing with medication. There are no pain assessments and no discussion about how the patient functions with the medication. MTUS requires documentation of pain and function with medication use. For opiates use, functioning must be documented using a numerical scale or a validated instrument once at least every 6 months. With his patient, none of this information is provided. Furthermore, under outcome measures, MTUS requires current pain; average pain; least pain; pain level after taking medications, etc. There are no discussions that address the MTUS requirements for continued use of opiates in any of the treater's reports. Recommendation is for denial.

**Effexor:** Overturned

**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 Antidepressants Page(s): 13-15.

**Decision rationale:** This patient suffers from chronic shoulder pain along with depression. The patient was evaluated by an AME psychiatrist on 1/8/13 that adequately documented the patient's psychiatric issues. The recommendation was for the patient to continue psychotropic medications. The request for Effexor was denied by UR due to lack of any dosing and medication strength information. Reading MTUS guidelines, antidepressants are recommended for chronic pain and depression. The psychiatric report from 1/8/13 documents efficacy of psychotropic medications. Recommendation is for authorization.

**Prilosec:** 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The treater does not document GI risk on this patient who suffers from chronic shoulder pain. The patient is prescribed Voltaren but there is no documentation regarding any peptic ulcer history, current GI complaints, side effects from NSAIDs, concurrent use of ASA or anti-coagulants, etc. In the absence of such reporting, continued use of Prilosec cannot be recommended for authorization.

**Voltaren:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

**Decision rationale:** This patient suffers from chronic shoulder pain. However, the treater does not document whether or not Voltaren is doing anything for the patient. MTUS requires pain and function documentation with any medications that are used. The patient has the diagnosis and pain to warrant the use of Voltaren. Unfortunately, the treater does offer any discussion about whether the patient is responding to the medication and what functional improvements have been achieved. Recommendation is for denial.

**Urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory drugs Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** This patient suffers from chronic shoulder pain and the treater has been prescribing an opiate, Norco. There is a urine drug screen report from 3/5/13. Review of the reports show that the patient has been on Norco for quite some time. I do not see that there are other urine drug screens to understand how frequently these were obtained. The utilization reviewer from 8/22/13 denied the request stating that there was a lack of discussion regarding the patient's risk assessment for chronic opiate use to properly determine the use of a UDS. MTUS guidelines allow for urine drug screen to help properly manage chronic opiate use. Although MTUS does not discuss frequency, ODG guidelines recommend once a year testing for mild risk patients. Since this patient has been on opiates for some time, it is reasonable to conclude that he may have a moderate risk level requiring UDS testing more frequently than once a year. Given the chronic prescription of Norco over an extended period of time, the UDS obtained appears consistent with MTUS and ODG guidelines. Recommendation is for authorization.