

Case Number:	CM13-0027639		
Date Assigned:	12/11/2013	Date of Injury:	02/28/2002
Decision Date:	02/07/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/23/2013

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 Family Practice and is licensed to practice in 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 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 45-year-old female who reported an injury on 02/28/2002. The patient is currently diagnosed with spinal stenosis in the cervical region, bicipital tenosynovitis, displacement of cervical intervertebral disc without myelopathy, cervical spondylosis without myelopathy, closed dislocation of other site of shoulder, complete rupture of rotator cuff, depressive disorder, insomnia, lesion of ulnar nerve, superior glenoid labrum lesion, and unspecified myalgia and myositis. The patient was seen by the requesting physician on 10/22/2013. Physical examination revealed painful range of motion of the shoulder, allodynia along the right lateral epicondyle, painful range of motion of the right upper extremity, and palpable myofascial band to bilateral trapezius with referred pain. Treatment recommendations included continuation of current medications and a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 random urine drug screens in a 12-month period: 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, Steps to Take Before a Therapeutic Trial of Opioids, Opioids, pain treatment agreeme.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, the patient's injury was over 11 years ago to date, and there is no indication of non-compliance or misuse of medication. There is no evidence that this patient falls under a high-risk category that would require frequent monitoring. Therefore, the current request cannot be determined as medically appropriate. As such, the request for 2 random urine drug screens in a 12-month period is non-certified.

1 prescription of Celebrex 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. As per the clinical notes submitted, the patient has continuously utilized this medication. There are no indications of a failure to respond to first line treatment with Acetaminophen, as recommended by the California MTUS Guidelines. Furthermore, Guidelines state there is no evidence to recommend a drug in this class over another based on efficacy. There appears to be no difference between traditional NSAIDs and COX-2 NSAIDs. Additionally, despite ongoing use, the patient continues to report worsening 8/10 pain. Satisfactory response to treatment has not been indicated. Therefore, continuation cannot be determined as medically appropriate. As such, the request for 1 prescription of Celebrex 200mg #30 is non-certified.