

Case Number:	CM13-0039462		
Date Assigned:	12/18/2013	Date of Injury:	04/07/2008
Decision Date:	06/16/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/07/2013

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:

The injured worker is a 50-year-old who reported an injury on April 7, 2008. The mechanism of injury was not stated. Current diagnoses include cervical strain, right shoulder tendonitis, left shoulder tendonitis and impingement and right carpal tunnel syndrome. The injured worker was evaluated on 10/30/2013. The injured worker reported persistent pain in the left shoulder with activity limitation. Previous conservative treatment includes TENS (transcutaneous electrical nerve stimulation) therapy and physical therapy. Current medications include Valium 5 mg, docusate sodium 100 mg, Norco 10/325 mg, Topamax 50 mg, omeprazole DR 20 mg and Neurontin 600 mg. Physical examination revealed no apparent distress and a normal gait. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 5MG TABLETS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The injured worker has utilized Valium on an as needed basis since September of 2012. There is no documentation of an anxiety disorder. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the current request. The request for Valium 5mg tablets is not medically necessary or appropriate.

DOCUSATE 100MG TABLETS: 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 Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state first line treatment for opioid-induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. The injured worker has utilized docusate sodium 100 mg since November of 2012. There is no evidence of chronic constipation or gastrointestinal complaints. There is also no mention of a failure to respond to first line treatment. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the current request. The request for Ducosate 100mg tablets is not medically necessary or appropriate.

RETROSPECTIVE URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG SCREEN Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77,89.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there is no evidence of noncompliance or misuse of medication. There also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity for repeat testing has not been established. The request for one retrospective drug screen is not medically necessary or appropriate.