

Case Number:	CM13-0062566		
Date Assigned:	12/30/2013	Date of Injury:	01/27/2011
Decision Date:	07/08/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 Occupational 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 claimant was injured on 01/27/11. He was diagnosed with a shoulder lipoma. Right shoulder surgery was recommended by [REDACTED] on 11/01/12. He was diagnosed with right rotator cuff tendonitis and adhesive capsulitis, also. He saw [REDACTED] on 01/02/13 for severe symptoms involving his right shoulder and he had right shoulder impingement syndrome. As of about 01/30/13, the surgery was still pending and he was on medication. A home exercise kit, drug screen, Norco, and Prilosec are under review. On 02/27/13, a urine drug screen revealed no Hydrocodone and this was inconsistent as it had been prescribed. On 03/27/13, again Hydrocodone was not present, but it had been prescribed. A drug screen was collected on 09/25/13. Hydrocodone and Hydromorphone were detected and Hydrocodone was prescribed. Hydromorphone was not. Cotinine was also detected and this was inconsistent. A home exercise kit had not been approved. A retrospective drug screen was also not approved. The other medications were either modified or approved. The claimant underwent lipoma excision on 05/18/13. On 05/22/13, Tramadol was detected in a drug screen and it was inconsistent. Hydrocodone was detected and was prescribed. On 06/05/13, another drug screen revealed the presence of Hydrocodone, which was consistent. There was no mention of gastrointestinal disturbance. He saw [REDACTED] on 10/23/13. He still had pain in his right scapular area and neck. He was status post right shoulder or scapular lipoma excision. He was doing some home therapy. He was waiting for medications and TENS unit supplies. A urine drug screen was ordered. He was prescribed Norco. On 10/23/13, he was prescribed Norco, Naprosyn, Prilosec, and a urinalysis with an exercise kit for his shoulder. The office notes appear to end in late 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME EXERCISE KIT FOR THE SHOULDER/ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for a shoulder exercise kit. There is no explanation given for the medical necessity of specialized equipment for home exercises. The CA MTUS state "Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices." It is not clear what type of exercise program the claimant has been advised to do or what additional benefit the claimant is likely to receive from an exercise kit. The specific contents of the exercise kit have not been described and it is not clear whether he has received or is expected to receive instruction in the use of special equipment. The medical necessity of this request has not been clearly demonstrated. The request is not medically necessary and appropriate.

RETROSPECTIVE UDS (URINE DRUG SCREEN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77-80.

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

Decision rationale: The history and documentation do not objectively support the request for a urine drug screen, date unknown. In this case, the claimant has had multiple drug screens with various results and it is not clear that the results are being used to guide his care. There is no mention of follow-up of the results of the drug screens or that his treatment has been adjusted based on the results. The CA MTUS p. 77 state "drug tests may be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." It is expected that the results will be used to guide treatment decisions and there is no such documentation in the records. The request is not medically necessary and appropriate.

NORCO 10/325MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

Decision rationale: The history and documentation do not objectively support the request for ongoing use of the opioid, Norco. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear other than he takes it. The results of the drug tests that have been done, with varied results, have not been addressed or used to adjust treatment recommendations. It is not clear why the claimant would continue to require this type of medication several months after removal of a lipoma and this is not explained. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended. As such, the medical necessity of the ongoing use of Norco has not been clearly demonstrated. The request is not medically necessary and appropriate.

PRILOSEC 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for Prilosec at this time. The CA MTUS state on p. 102 re: PPIs "patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of any gastrointestinal conditions, including gastritis or peptic ulcer disease, or any reason to suspect increased risk to support the use of this medication. The specific indications for and medical necessity of the use of this medication has not been clearly demonstrated. The request is not medically necessary and appropriate.