

Case Number:	CM13-0067725		
Date Assigned:	01/03/2014	Date of Injury:	06/24/2011
Decision Date:	04/21/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/18/2013

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 Anesthesiology, and is licensed to practice in Florida. 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 patient is a 49-year-old female who reported an injury on 06/24/2011. The mechanism of injury was not stated. The patient is currently diagnosed as status post right shoulder arthroscopy with rotator cuff repair, lumbar sprain and strain, cervical spine sprain and strain, bilateral upper extremity radiculitis, thoracic sprain and strain, right elbow medial and lateral epicondylitis, and GI upset. The patient was seen by [REDACTED] on 09/27/2013. The patient reported persistent symptoms in the left wrist. Physical examination revealed a well-healing surgical scar in the right wrist, tenderness to palpation of the right SI joint, reduced lumbar range of motion, positive Gaenslen's testing, and positive SI joint testing. Treatment recommendations included continuation of a home exercise program as well as current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43; 77; 89. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic Pain Chapter, section on Urine Drug Testing

Decision rationale: The MTUS Chronic Pain 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. As per the documentation submitted, the patient's injury was greater than 2 years ago to date, and there is no indication of noncompliance or misuse of medication. There is also no indication that this patient falls under a high-risk category that would require frequent monitoring. Based on the clinical information received, the request is not medically necessary and appropriate.

NORCO 2.5MG/325MG TABLETS #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80; 81; 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, there is no evidence of a satisfactory response to treatment. The patient's physical examination does not reveal any significant change that would indicate functional improvement. Based on the clinical information received, the request is not medically necessary and appropriate.