

<b>Case Number:</b>	CM13-0069253		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/09/2005
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 & Rehabilitation; has a subspecialty in Pain Medicine and is licensed to practice in California and Virginia. 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 54-year-old male who was injured on March 09, 2005. The patient had complaints of pain and stiffness in his right shoulder region and increased pain, numbness and tingling in both hands. The patient was diagnosed with 1) Right shoulder advanced degenerative arthritis; 2) Status post right shoulder hemiarthroplasty and removal of surgical hardware, March 11, 2005; 3) Right shoulder failed humeral head hemiarthroplasty and adhesive capsulitis; 4) Status-post removal of foreign body from the right shoulder, deep hemiarthroplasty; 5) Failed revision of the humeral hemiarthroplasty with anterior instability and torn rotator cuff subscapularis; status post acute right shoulder rotator cuff repair; 6) Infection of failed right humeral head revision hemiarthroplasty with osteomyelitis of the right proximal humerus; 7) Status-post resection arthroplasty, removal of deep implant of the hemiarthroplasty of the humeral head, excision of bone from the proximal humerus for osteomyelitis, and placement of antibiotic beads in the right shoulder for infection, February 14, 2007. There is tenderness over the anterior and posterior aspects of his right shoulder as well as over the right biceps and right upper trapezius musculature regions. The patient also complained of pain and numbness and tingling about his bilateral hands, right equal to left, that have been exacerbated with the cold weather changes. The patient was given a prescription for Norco 10/325mg, #240 and Skelaxin 800mg, #100. An authorization was requested for UDS test to be performed at next visit for medication compliance. The patient is to continue medications as needed.

### 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): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition, 2005. Chapter 13: Opioid Therapy: Adverse Effects Including Addiction, pages 113 - 123; and Responsible Opioid Prescribing: A Physician's Guide, Federation of State Medical Boards, 1st Edition, 2007

**Decision rationale:** According to the California MTUS Guidelines, drug testing is recommended as an option to assess for the use or the presence of illegal drugs, prior to starting an opioid regimen or for ongoing management when there is suspicion of abuse or misuse of the medication. The records provided do not indicate the patient has a history of abuse or misuse of the current medications prescribed to him. Further, it is unclear when his last screening was. On each office note the provider requests a urine drug screen (UDS) for the next evaluation; however, it is unclear whether any of these were actually done. Medical necessity for the UDS has not been established based on the guidelines and provided documentation.

**NORCO 10/325MG, #240, WITH THREE (3) REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids, On-going management and Long Term Users; Weaning of Medica. Decision based on Non-MTUS Citation Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition, 2005. Chapter 12: Minor and Short Acting Opioids, pages 106 - 112

**Decision rationale:** The medical records provided show the patient has been prescribed Norco and Skelaxin since as early as January 10, 2013. Throughout the medical documentation, the patient's pain relief and functional status have remained unchanged with this medication therapy. On the August 08, 2013 office visit, his visual analogue scale (VAS) was 9/10 and on the December 06, 2013 office visit his VA was 8/10. The remaining office visits did not address his pain level. The objective findings also remained consistent throughout the provided office visits. Due to the lack of documented objective and/or subjective functional improvements while on this medication, medical necessity has not been established. Further, guidelines state "Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Therefore the request is not certified.

**SKELAXIN 800mg, #100, WITH THREE (3) REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65. Decision based on Non-MTUS Citation Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition, 2005. Chapter 17: Muscle Relaxants, pages 159 - 165

**Decision rationale:** The medical records provided show the patient has been prescribed Norco and Skelaxin since as early as January 10, 2013. According to the California MTUS guidelines, antispasmodics are used to decrease muscle spasms in conditions such as LBP. Skelaxin "is reported to be a relatively non-sedating muscle relaxant." The medical records provided, failed to document muscle spasms. Further, the patient has been on the requested medication for at least 14 months (based on the records provided for my review) and his pain relief and functional status have remained unchanged with this medication therapy. Due to the lack of documented length of time the patient has been on this medication and objective and/or subjective functional improvements while on this medication, the medical necessity has not been established.