

<b>Case Number:</b>	CM14-0004619		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 37 year old male who reported an injury on 11/18/2011 sustained while he was lifting a box and felt pain in his shoulder and arm weakness. On physical examination dated 09/25/2013 the injured worker states he has been treated in the past with medications, acupuncture and chiropractic therapy. The injured worker complains of bilateral shoulder pain with pain scale of 8/10 in severity and 6/10 with medications. Also had complaints of neck pain rated as 4/10 in severity and 2/10, with medications. Range of motion of the cervical neck was flexion to 45 degrees, extension to 55 degrees, right rotation to 75 degrees, left rotation to 75 degrees, right and left lateral bending to 40 degrees. Pain, tenderness and spasm were noted bilateral paraspinal muscles and bilateral trapezius muscles on palpation. Neurological examination was normal. Diagnostic studies were not submitted. Diagnoses were rotator cuff syndrome, shoulder sprain/strain, cervical radiculopathy, cervical sprain/ strain and insomnia. Medications dispensed were Anaprox DS 550mg, Ultracet37.5-325 mg, Protonix 20mg, cyclobenzaprine 7.5mg. The rationale and request for authorization form were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE ANALYSIS FOR TOXICOLOGY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines STEPS TO TAKE BEFORE THERAPEUTIC TRIAL OF OPIOIDS AND ON-GOING MANAGEMENT Page(s): 76, 78.

**Decision rationale:** The injured worker is taking Ultracet and cyclobenzaprine which are considered opioids. The progress report dated 09/25/2013 reported pain levels before and after taking. Pain was documented as better after medications. California Medical Treatment Utilization Schedule does encourage the use of urine drug screens to assess the use or the presence of illegal drugs. The 4 A's for ongoing monitoring have been proposed for ongoing monitoring of chronic pain patients on opioids, pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The injured worker is taking opioids for pain management. The request is certified.