

Case Number:	CM14-0111201		
Date Assigned:	09/16/2014	Date of Injury:	05/28/2009
Decision Date:	10/15/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/16/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is of 50 year old female with date of injury of 05/28/2009. The listed diagnoses per [REDACTED] from 05/16/2014 are: 1.Cervical sprain/strain syndrome with C-5 - 6 discopathy and left-sided radiculopathy 2.Left shoulder impingement syndrome 3.Left shoulder tendinosis 4.Right knee contusion with chondromalacia 5.Gastrointestinal disorder 6.Sleep disturbance According to this report the patient complaints of neck pain that is primarily localized around the trapezius and surrounding musculature of the head and neck. She also experiences bilateral upper extremity radiculopathy. The patient describes her pain achy which she rates 7/10. She also complains of low back pain localized over the paraspinal musculature that is stabbing with occasional bilateral lower extremity radiculopathy. The patient continues to experience bilateral shoulder pain that is primarily aggravated on flexion and extension. Examination of the cervical spine show mild tortocollis, bilaterally. Head compression sign is positive. The patient has exquisite tenderness and muscle spasm, both at rest and on range of motion. There is significant tenderness and the paralumbar musculature. Straight leg raise is positive. Sacroiliac joints are stable. The patient is currently taking omeprazole and tramadol. The utilization review denied the request on 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis retrospective: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines:Urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Criteria for Use of Urine Drug Testing

Decision rationale: This patient presents with neck, low back, and bilateral shoulder pain. The treater is requesting a urinalysis. The MTUS guidelines do not specifically address how frequent urine drug screen should be obtained for various risk opiate users. However, ODG guidelines provide a clear recommendation. For patients at "moderate risk" for addiction/aberrant behavior screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. The patient's current medications include omeprazole and tramadol. The records show 2 UDS from 05/16/2014 and 06/13/2014 showing inconsistent results to prescribed medications. However, the treater does not discuss these inconsistent results. The treater does not provide opiate risk assessment for this patient to determine how often these UDS's are to be obtained. The UDS's appear to be obtained back to back without any explanation. For low risk, once yearly and for moderate risk, 2-3 times per year UDS's are recommended. In this case, there are no risk assessments and the treater does not address the inconsistent results. The request is not medically necessary.

Intramuscular injection, 2cc of Toradol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter; Ketorolac (Toradol)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: This patient presents with neck, low back, and bilateral shoulder pain. The treater is requesting and intramuscular injection 2cc of Toradol. The MTUS guidelines page 72 on Ketorolac (Toradol) states, "This medication is not indicated for minor or chronic painful conditions." None of the 41 pages of records show a history of Toradol use. In this case, MTUS does not recommend the use of Toradol for chronic painful conditions. The request is not medically necessary.