

Case Number:	CM14-0137648		
Date Assigned:	09/08/2014	Date of Injury:	09/11/2007
Decision Date:	10/31/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/26/2014

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, 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 a 60 years old male with an injury date on 09/11/2007. Based on the 07/29/2014 progress report provided by [REDACTED], the diagnoses are: 1. Left hip pain of unclear etiology, status post MRI left hip showing left greater than right mild osteoarthritis (MRI performed on May 21, 2014) 2. Cervical spine sprain/strain with multilevel degenerative disc disease most pronounced at C4-5 and C5-C6. 3. Status post right shoulder surgery x3 with excision of clavicle repair of rotator cuff with residuals. 4. Lumbar spine sprain/strain with moderate degenerative disc disease at L5-S1 and mild to moderate facet osteoarthritic changes from L3-L4 through L5-S1 per X-ray study of March 16, 2012. 5. Left shoulder impingement syndrome/subacromial bursitis superimposed on rotator cuff tendinosis and proximal biceps tendonitis/tendinosis. According to this report, the patient complains of "severe left hip pain, which worsen with certain activities including crossing his legs and putting his pant on." Tenderness is noted over the greater trochanter. The patient also complains of left shoulder pain with radiation to the elbow and hand. The patient's current medications are Gabapentin, Effexor, Atenolol, Naproxen, and Norco. Pain is rated as a 6-7/10 with medication and a 10/10 without medications. Physical exam reveals positive right shoulder impingement and a 20% decreased range of motion of the left shoulder. There were no other significant findings noted on this report. The utilization review denied the request on 08/13/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/23/2014 to 09/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening four times a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction; Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines; pain chapter, Urine Drug Screen

Decision rationale: According to the 07/29/2014 report by [REDACTED] this patient presents with severe left hip pain and left shoulder pain. The treater is requesting Urine drug screening, 4 times a year. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records indicate the patient is on Norco (a narcotic-like pain reliever) since 04/23/2014; a toxicology test was performed on 03/18/2014. While yearly UDS's are reasonable for a low risk opiate user, there is no reason to do 4 UDS's in a year when there's no opiate risk assessment indicating high risk. Recommendation is for denial.

An evaluation consult with an orthopedic hip specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines: Consults, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127

Decision rationale: According to the 07/29/2014 report by [REDACTED] this patient presents with severe left hip pain and left shoulder pain. The treater is requesting an evaluation consultation with an orthopedic specialist for the "ongoing severe left hip pain." Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient has been suffering from chronic hip pain with "6 episodes of severe pain" in April and an evaluation consultation with an orthopedic is quite reasonable and consistent with MTUS. Recommendation is for authorization.