

<b>Case Number:</b>	CM14-0030595		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/25/2005
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53-year-old female who reported an injury on 07/25/2005. The mechanism of injury was not provided. On 05/12/2014, the injured worker presented with pain in the bilateral shoulders. The diagnoses were bilateral shoulder impingement, adhesive capsulitis, bilateral shoulder pain, chronic pain syndrome, chronic pain related to insomnia, myofascial syndrome, and neuropathic pain. The urine drug screen results as of 04/21/2014 were positive for hydrocodone. Current medications include Norco, Prilosec, tramadol, GABADone, Theramine, Sentra, Lyrica, Miralax, Gaia herbs for laxative, FluoroFlex, and a urine drug screen has been recommended. The provider recommended a urine drug screen, Norco, and sertraline. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

**Decision rationale:** California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. They may also be used in conjunction with a therapeutic trial of opioids for ongoing management, as a screening for a risk of misuse and addiction. The documentation provided did not indicate the injured worker had displayed any aberrant behaviors, drug-seeking behavior, or whether the injured worker was suspected of illegal drug use. The last urine drug screen was dated 04/21/2014. The provider's rationale for an additional urine drug screen was not provided. As such, the request is non-certified.

**One prescription of Norco 10/325mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Gabadone.

**Decision rationale:** California MTUS recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior, and side effects. Additionally, the injured worker has been prescribed Norco since at least 02/2014. The efficacy of the medication was not provided. The providers did not indicate the frequency of the medication in the request as submitted. As such, the request is non-certified.

**One prescription of Sintralyne #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical Food.

**Decision rationale:** Official Disability Guidelines do not recommend sintralyne. It is intended to meet the notional requirements for inducing sleep, promoting restorative sleep and reducing snoring in injured workers who are experiencing anxiety-related sleep disorders. The guidelines do not recommend sintralyne. The medication would not be indicated. There is a lack of exceptional factors provided in the documentation submitted to support approving outside of the guideline recommendations. Additionally, the provider does not indicate the dose or frequency of the medication. As such, the request is non-certified.