

Case Number:	CM14-0053839		
Date Assigned:	07/07/2014	Date of Injury:	05/05/2006
Decision Date:	09/05/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/22/2014

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 OCCUPATIONAL MEDICINE, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 5, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier shoulder surgery; proton pump inhibitors; and earlier provision with home health aide. In a Utilization Review Report dated April 4, 2014, the claims administrator denied a request for home health aide, approved a request for Prilosec, and denied a urine drug screen. Non-MTUS ODG Guidelines were invoked to approved Prilosec, although the MTUS did address the topic, albeit obliquely. In a March 17, 2011 medical-legal evaluation, the applicant was described as off of work, from a mental health perspective. The applicant was described as a caregiver for her daughter, it was noted, at that point in time. On October 4, 2013, the applicant was placed off of work, on total temporary disability. The attending provider posited that the applicant was a candidate for shoulder surgery. In an October 3, 2013 progress note, the applicant was described as having had shoulder surgery on September 26, 2013. The applicant's son was apparently performing activities of daily living for her including cooking, cleaning, shopping, vacuuming, doing dishes, laundry, grocery shopping, etc. On June 18, 2014, the attending provider again sought authorization for continued home care assistance and a cervical pillow. The applicant was placed off of work, on total temporary disability. Persistent complaints of shoulder pain were noted. The applicant was status post a second shoulder surgery on March 26, 2014, it was noted. The applicant's medication apparently included Zanaflex, Prilosec, and Norco. On May 5, 2014, authorization was again sought for continued home care assistance. Additional physical therapy was sought. Various medications were refilled. It appears that urine drug testing may

have been endorsed, through usage of preprinted checkboxes. The applicant was asked to obtain a replacement electrical muscle stimulator.

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 Opioids Page(s): : 43 & 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic, Urine Drug Testing topic Page(s): 43.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, state when the last time an applicant was tested, and attempt to conform to the best practices of the United States Department of Transportation when performing drug testing. In this case, however, the attending provider did not clearly state when the applicant was last tested. The attending provider did not state what drug tests and/or drug panels were being sought. It was not stated whether the applicant was being tested randomly or 'for cause.' Therefore, the request was not medically necessary.

HHC at 12 hours/day, 7 days per week for 1 week, then down to 8 hrs/day 7 days per week for 1 week, then down to 4 hrs / day, 2 days per week for 4 weeks for home care including cooking, cleaning, laundry, grocery shopping, personal hygiene, etc., with assistance of her son [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 52. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services topic Page(s): 51.

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to delivery otherwise recommended medical treatment in applicants who are homebound. Home health services do not include the homemaker services being sought here, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines further notes. Therefore, the request is not medically necessary.

