

Case Number:	CM14-0098853		
Date Assigned:	09/23/2014	Date of Injury:	06/15/2011
Decision Date:	10/23/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/27/2014

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 37-year-old male who reported an injury on 06/15/2011 when, while installing a sprinkler, he fell through a ceiling and injured his right shoulder. His diagnoses were right carpal tunnel syndrome and right shoulder impingement syndrome. The physical examination on 03/27/2014 revealed complaints of sharp pain and numbness in the right shoulder that occurred occasionally. It was reported that the injured worker's symptoms were relieved with NSAIDs and pain medication. The injured worker had tried physical therapy with no improvement. The injured worker has had arthroscopy surgery on 04/05/2012 which gave him mild pain relief. The examination of the right shoulder revealed on palpation, there was tenderness on the anterior glenoid and the left shoulder was nontender. The right shoulder was painful with active range of motion. Muscle testing for the right shoulder noted flexion was 4/5 and abduction was 4/5. The right shoulder was positive for Neer's test and Hawkins test. The treatment plan was for a subacromial injection. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen, Page(s): 78.

Decision rationale: The decision for a urine drug screen times 1 is not medically necessary. The California Medical Treatment Utilization Schedule indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. It was not reported that the injured worker had aberrant drug taking problems. There were no issues of drug abuse reported. The clinical information submitted for review did not provide evidence to justify a urine drug screen. Therefore, the request is not medically necessary.

Celebrex 200mg 1 Cap #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67.

Decision rationale: The decision for Celebrex 200mg 1 Cap #60 is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The efficacy was not reported for this medication. Functional improvement for the injured worker was not reported. The clinical information submitted for review does not provide evidence to justify continued use therefore, the request is not medically necessary.

Norco 5mg/325mg 1 Tab, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management, Page(s): 75,78.

Decision rationale: The decision for Norco 5/325 mg 1 tab quantity 90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 As (including analgesia, activities of daily living, adverse side

effects, and aberrant drug taking behaviors). The clinical documentation did not report the 4 As for ongoing management of an opioid medication. The efficacy of this medication was not reported. Functional improvement was not reported for the injured worker. The VAS score for pain was not reported. Therefore, the request is not medically necessary.