

Case Number:	CM14-0188719		
Date Assigned:	11/19/2014	Date of Injury:	05/09/2008
Decision Date:	01/07/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/12/2014

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 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 45-year old male with date of injury 5/09/08. The most recent treating physician report supplied for review is dated 3/25/14. The report states that the patient has persistent right shoulder pain that is an 8/10, worsening and radiating to cervical spine. The patient has been taking Norco and Lorazepam. The utilization review report dated 10/18/14 states that a 10/3/14 report was referenced for their decision. The physical examination findings reveal decreased right shoulder ranges of motion and decreased muscle strength 4/5 during flexion and abduction, decreased range of motion of the cervical spine, positive shoulder depression and cervical compression tests. Prior treatment history includes home therapy exercises, medication, injection and rotator cuff repair. MRI findings of the right shoulder reveal mild acromioclavicular osteoarthritis, glenohumeral osteoarthritic changes with diffuse labral fissuring, magnetic susceptibility artifact within the labrum, supraspinatus tendinitis, infraspinatus tendinitis and mild bicipital tenosynovitis. The current diagnoses according to the most recent report provided from 3/25/14 are: 1.Left shoulder impingement syndrome2.Right shoulder impingement syndrome3.Status post rotator cuff repair x3 on the right shoulder with residuals4.Cervical spine sprain/strainThe utilization review report dated 10/18/14 denied the request for a urine toxicology screen based on it not being indicated at this time. Also, the utilization review report dated 10/18/14 denied the request for oxycodone 10 mg #5 based on oxycodone being a controlled release medication and not intended for use as an as needed analgesic, which is what it was prescribed for.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines substance abuse, tolerance, dependence and addiction. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain

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 Pain chapter: Urine Drug Testing UDT

Decision rationale: The MTUS does state, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The ODG guidelines discuss the frequency of urine drug testing and state that for patients at low risk once per year, moderate risk patients 2-3 times per year and for high risk patients urine drug testing can be as frequent as once per month. In this case the patient has been tested at least twice this year and there is no documentation that the patient is at high risk for addiction or aberrant behavior. Therefore, Urine toxicology screen is not medically necessary.

Oxycodone 10mg #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 88-89.

Decision rationale: MTUS guidelines pages 88 and 89 states, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. No such documentation is provided in the months leading up to the request, which was 10/03/14, and the 10/03/14 physician's notes are not available for review in the documentation provided. Therefore, Oxycodone 10mg #5 is not medically necessary.