

<b>Case Number:</b>	CM14-0199938		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	12/25/2013
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This individual is a 64 y/o female who developed left shoulder problems subsequent to a slip and fall on 12/25/13. She has been treated with a left shoulder arthroscopy on 6/24/14. Subsequent MRI studies have shown a complete tear with retraction. A shoulder specialty consult has been requested. She utilizes Norco on a prn basis and there is no history of misuse or aberrant behaviors, no other risk factors are documented. She had a urine drug screen on 9/4/14 that was negative of illicit drug use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial UDS (urine drug screen), then random UDS: 6-9 per year, if UDS is positive: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screens.

**Decision rationale:** MTUS Guidelines support the use of urine drug screening, but they do not provide adequate detail regarding the appropriate frequency or type of screening. ODG Guidelines provide the necessary details and recommend only annual screening if there is a low risk of misuse. A prior urine drug test was negative and there is nothing documented that would support anything other than a low risk of misuse. The request for initial urine drug screen and then random 6-9 per year if positive is not supported by Guidelines and is not medically necessary.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68.

**Decision rationale:** MTUS Guidelines do not recommend the routine use of proton pump inhibitors unless there are specific risk factors or GI symptoms associated with NSAID use. The pain management physician does not document the chronic daily use of NSAIDs plus the Guidelines standards to justify the use of proton pump inhibitors has not been met. These are not benign medications with long term use associated with increased hip fractures, increased lung infections and mineral deregulation. The Prilosec 20mg. #30 is not medically necessary.

**Gabadone 2 by mouth at bedtime #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

**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 Foods

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines do address this issue in detail and do not support the use of medical foods for the treatment of chronic pain. Specific food supplements are supported only if there is a known disease process that is proven to be successfully treated with the supplement. Gabadone does not meet these Guideline standards. Gabadone 2 by mouth at bedtime #60 is not medically necessary.

**Trepadone 2 by mouth twice a day #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

**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 Foods.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines do address this issue in detail and do not support the use of medical foods for the treatment of chronic pain. Specific food supplements are only supported if there is a known disease process that is proven to be successfully treated with the supplement. Trepadone 2 daily #60 does not meet these Guideline standards. Trepadone 2 by mouth daily #60 is not medically necessary.

**Transportation to doctor visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Transportation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Transportation to and from appointments

**Decision rationale:** MTUS Guidelines do not address this issue. This issue is addressed in the ODG Guidelines. Transportation to appointments in the community is supported if there is an inability of self-transport. This inability has not been established. There is no documentation of an inability to ambulate, to get in and out of a car or to use public transportation if necessary. The request for transportation to Dr. visits does not meet Guideline standards and is not medically necessary.