

Case Number:	CM14-0203628		
Date Assigned:	12/08/2014	Date of Injury:	05/14/2013
Decision Date:	02/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 36 year old male who sustained a work related injury May 14, 2013. According to a hospital emergency department report, dated November 18, 2013, the injured worker was admitted May 14 - May 30, 2013, after sustaining a crush injury to his left arm and a left scapular fracture. An MRI revealed deep degloving injury and deltoid tear (report not present in case file). A primary treating physician's orthopedic evaluation dated October 28, 2014, reveals the injured worker presented for a follow-up evaluation regarding his original workplace injuries. He complains of left shoulder pain, rated 7/10. Physical examination reveals several large scars present over the deltoid musculature of the left shoulder with atrophy of the deltoid and the biceps. Left shoulder range of motion; active flexion 130/180 degrees, extension 40/50 degrees, abduction 60/180 degrees, adduction 50/50 degrees, internal rotation 45/90 degrees and external rotation 45/90 degrees. With significant pain and discomfort, the injured worker was able to reach passive flexion to 130 degrees, and abduction to 140 degrees. There is hypersensitivity to touch over the musculature of the deltoid on the left shoulder. Neer's and Hawkins-Kennedy signs are positive over the left shoulder. Diagnoses are documented as; adhesive capsulitis (improving), and left shoulder pain. Treatment plan included refill of Norco 10/325mg #90 one tid prn, labs and urine POC. Work status is documented as; return to work with no excessive pushing, pulling, or twisting of the left upper extremity, no lifting over 20-30 pounds, and no working with arms above shoulder level. According to utilization review performed November 26, 2014, Norco 10/325mg #90 was approved. Quarterly laboratory panels; Chem 8, hepatic function and CBC and quarterly POC urine drug screen (UDS) were modified to one time only. Citing MTUS Drug Testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Official Disability Guidelines (ODG) point of contact (POC) immunoassay test is recommended prior to initiating opioid therapy and

not recommended in acute care situations. Frequency of urine drug testing should be based on documented evidence of risk stratifications including use of a testing instrument. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. UDS once per year is adequate for a low risk individual and the same is true of laboratory blood studies. Of note, there is no separate citing rationale present for blood studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quarterly laboratory panels-Chem 8, hepatic function panel and complete blood count (CBC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, 2009, p. 43; Official Disability Guidelines, 2014, Pain, Criteria for Use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend monitoring patients who use NSAIDs chronically. This testing included complete blood count, chemistry panel including renal and hepatic. The MTUS does not have frequency or interval for lab testing. In this case there is no compelling evidence why this patient needs frequent quarterly lab testing. There is no history documented of renal insufficiency, hepatotoxicity or elevated liver enzymes. The request for quarterly laboratory panels-Chem 8, hepatic function panel and complete blood count (CBC) is not medically necessary.

Quarterly POC-Urine drug screen (UDS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, 2009, p. 43; Official Disability Guidelines, 2014, Pain, Criteria for Use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction Page(s): 77-80,94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT).

Decision rationale: Quarterly POC-Urine drug screen (UDS) is not medically necessary. The MTUS recommends random drug testing, not at office visits or regular intervals. The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in

unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The documentation does not indicate that the patient falls in the moderate or high risk category. The documentation does not give any indications why this patient requires more than once yearly testing. The request for quarterly POC-Urine drug screen (UDS) is not medically necessary.