

Case Number:	CM14-0204128		
Date Assigned:	12/16/2014	Date of Injury:	09/18/2006
Decision Date:	02/04/2015	UR Denial Date:	11/10/2014
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 Internal 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:

This is a 58 year old female who sustained a work related injury on September 8, 2006. The mechanism of injury was cumulative trauma from lifting, placing freight and climbing ladders. She injured her left shoulder and upper arm, right leg and low back. The injured worker has undergone multiple surgeries, including a left shoulder arthroscopic subacromial decompression, acromioclavicular joint resection and rotator cuff repair in December of 2008, a right knee arthroscopic partial lateral meniscectomy and synovectomy in December of 2010 and a right shoulder glenohumeral arthroscopy and subacromial bursoscopy, debridement of a near complete partial thickness supraspinatus tendon tear, subacromial decompression and double row repair of a full thickness right supraspinatus tendon tear in January or 2013. Work status is permanent and stationary. Current documentation dated June 13, 2014 notes that the injured worker reported intermittent achy pain in the right knee. The pain was rated as an eight or nine out of ten on the Visual Analogue Scale with pain medications. She reported the pain was improving; however, she had sharp pain with activities of daily living and cold weather. The injured worker was taking Acetaminophen with Codeine 300/30 mg for pain. Physical examination of the right shoulder revealed nonspecific tenderness and decreased range of motion. Examination of the lumbar spine showed moderate tenderness at levels lumbar three to sacral one on the right side. All testing and maneuvers were noted to be negative. Range of motion was decreased due to myofascial pain. Palpation of the right knee evaluated nonspecific tenderness. Diagnoses include status post right knee arthroplasty, status post rotator cuff repair of the right shoulder, discogenic low back pain, lumbar spine degenerative disc/joint disease and Adhesive Capsulitis Shoulder of the right shoulder. The treating Physical requested Tylenol # 3 # 120 with 3 refills and a retrospective urine drug screen dated 6/13/14. Utilization Review evaluated and modified the request for the drug screen and denied the request for Tylenol # 3 on November 10, 2014. Urine

toxicology screening per the MTUS Chronic Pain Medical Treatment Guidelines supports urine drug screens for ongoing use of opioids, for aberrant behaviors and compliance with medication. Utilization Review modified the request for a retrospective urine drug screening to a qualitative urine drug screen with reflex quantitative testing only on qualitative values which is medically reasonable and necessary. The request for the Tylenol # 3 # 120 with 3 refills was non-certified per MTUS ACOEM Guidelines and Official Disability Guidelines which support the use of medications only after evaluation and documentation of increased functionality with the use of the medication. There is lack of documentation of specific functional improvement with the use of this medication. The requested is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 #120 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol #3, #120 with three refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review with documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life the lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are status post right knee arthroplasty; status post rotator cuff repair right shoulder; discogenic low back pain; obesity associated with hypertension; lumbar spine that generated this disease; and adhesive capsulitis right shoulder. The documentation in the medical record indicates the injured worker has been taking Tylenol #3 since October 16, 2013. It is unclear whether this is a refill or a start date. The documentation does not contain evidence of objective functional improvement despite entries in the medical record with subjective improvement. The record does not contain a risk assessment. There is no documentation indicating whether the injured worker is a low-risk, intermediate or high risk for drug misuse or abuse. Additionally, there is no history of aberrant drug-related behavior. Consequently, absent the appropriate clinical documentation with objective functional improvement to support the ongoing use of Tylenol #3, #120, Tylenol #3, #120 with three refills is not medically necessary.

Retro urine drug screen, DOS: 6/13/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Testing.

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective urine drug screen date of service June 13, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncovered a version of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker/patient is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnoses are status post right knee arthroplasty; status post rotator cuff repair right shoulder; discogenic low back pain; obesity associated with hypertension; lumbar spine that generated this disease; and adhesive capsulitis right shoulder. The documentation in the medical record indicates the injured worker has been taking Tylenol #3 since October 16, 2013. It is unclear whether this is a refill with a start date. The documentation does not contain evidence of objective functional improvement despite entries in the medical record with subjective improvement. The record does not contain a risk assessment. There is no documentation indicating whether the injured worker is a low-risk, intermediate or high risk for drug misuse or abuse. Additionally, there is no history of aberrant drug-related behavior. The documentation does not contain evidence of prior drug screening or a clinical indication for urine drug screening at the June 2014 visit. June 2014 progress note contains an entry by the treating physician that the Chronic Pain Medical Treatment Guidelines recommend frequent random urine toxicology screens. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk patient. There is no documentation of a risk assessment in the record. Consequently, absent the clinical documentation reflecting a risk assessment profile and a clinical indication and/or clinical rationale for urine drug testing (other than a random UDS), retrospective urine drug screen date of service June 13, 2014 is not medically necessary.