

Case Number:	CM14-0207395		
Date Assigned:	12/19/2014	Date of Injury:	11/19/2013
Decision Date:	02/13/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/11/2014

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 Orthopedic Surgery, has a subspecialty in Sports 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:

The injured worker is a 59-year-old male who reported an injury on 11/19/2013. The mechanism of injury was a fall. His diagnoses include cervical spine sprain/strain lumbar spine sprain/strain; right shoulder partial tear of the supraspinatus tendon; right elbow sprain/strain; and right wrist and hand sprain/strain, rule out internal derangement, tendonitis, carpal tunnel syndrome. His past treatments include medications, epidural steroid injections, TENS units and physical therapy. Per clinical note dated 10/03/2014, the patient had a lumbar, right shoulder and right elbow MRI. His surgical history was noncontributory. On 10/03/2014, the injured worker presented with complaints of low back pain with leg pain. He also continued to complain of right shoulder pain. Upon physical examination of the lumbar spine, tenderness to palpation was noted to the lumbar spine and right shoulder with muscle spasm noted. Range of motion of the lumbar spine upon flexion was at 30 degrees and extension was at 10 degrees. Range of motion to the right shoulder on forward flexion was at 110 degrees, extension was at 20 degrees and abduction was at 120 degrees. There was a positive right impingement sign. Additionally, there was a positive Kemp's test. His current medications were noted to include Norco 10/325, Fexmid 7.5 and Prilosec 20 mg, since at least 10/03/2014. The treatment plan included a discogram at the level of L5-S1 due to a failed epidural and 6 to 8 weeks later he is recommended a right shoulder arthroscopic surgery, which is pending authorization; an internal medicine evaluation for surgical clearance; continued physical therapy twice a week with 6 weeks for the cervical and lumbar spine, right shoulder, right elbow and right wrist; a refill on medications; a followup in 2 weeks with possible AME report for review; and to remain off work for 2 weeks. The rationale for the request was not provided within the submitted documentation. A Request for Authorization form was not provided within the submitted documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography Quantitative 42 Units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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) Pain, Urine drug testing (UDT).

Decision rationale: The request for chromatography quantitative 42 units is not medically necessary. The patient has chronic low back and right shoulder pain. The California MTUS Guidelines recommend using a urine drug screen to assess for the use or the presence of illegal drugs. Additionally, the California MTUS Guidelines state that the ongoing management of opioid therapy should include: detailed documentation of pain relief, functional status, appropriate medication use and side effects. The submitted documentation did not include verification that the patient was continuing the use of Norco. Additionally, there was no evidence of functional improvement or lack of adverse and aberrant behaviors. Additionally, a urine drug screen was not submitted to verify appropriate medication use. Furthermore, the Official Disability Guidelines indicate that the main types of urine drug testing are, typically, screening tests are based on immunoassays, which can be either laboratory based or point of collection testing. Point of collection testing is also commonly referred to as dipstick testing. Confirmatory testing, which includes gas chromatography or liquid chromatography, allow for identification and immunoassay screening. When the point of collection screen is appropriate for the prescribed drugs without evidence of nonprescribed substances, confirmation is generally not required. However, there is no evidence of a point of collection test was submitted with the documentation submitted for review. Therefore, the request as submitted for chromatography quantitative 42 units does not support the evidence based guidelines. As such, the request for chromatography quantitative 42 units is not medically necessary.

Comprehensive Drug Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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) Pain, Urine Drug Testing (UDT).

Decision rationale: The request for Comprehensive Drug Panel is not medically necessary. The Injured worker has chronic low back and right shoulder pain. The 4 for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side-effects, physical and psychosocial functioning, and the

occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). . The California MTUS Guidelines recommend using a urine drug screen to assess for the use or the presence of illegal drugs. Additionally, the California MTUS Guidelines state that the ongoing management of opioid therapy should include: detailed documentation of pain relief, functional status, appropriate medication use and side effects. The submitted documentation did not include verification that the patient was continuing the use of Norco. Additionally, there was no evidence of functional improvement or lack of adverse and aberrant behaviors. Additionally, a urine drug screen was not submitted to verify appropriate medication use. Furthermore, the Official Disability Guidelines indicate that the main types of urine drug testing are, typically, screening tests are based on immunoassays, which can be either laboratory based or point of collection testing. Point of collection testing is also commonly referred to as dipstick testing. When the point of collection screen is appropriate for the prescribed drugs without evidence of non-prescribed substances, confirmation is generally not required. However, there is no evidence of a point of collection test was submitted with the documentation submitted for review. Therefore, the request for comprehensive drug panel does not support the evidence based guidelines. As such, the request for Comprehensive Drug Panel is not medically necessary.