MAXIMUS Federal Services

Case Number:	CM15-0105181		
Date Assigned:	06/09/2015	Date of Injury:	04/15/2013
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 57 year old male with an industrial injury dated 04/15/2013. His diagnoses included adhesive capsulitis right shoulder, status post arthroscopic surgery, left shoulder tendinosis with supraspinatus tendon tear and compensatory right lateral epicondylitis. Co morbid diagnosis was diabetes. Prior treatment included physical therapy, right subacromial injection, anti-inflammatory medication, MRI of right shoulder (rotator cuff tear), right shoulder arthroscopic debridement and medications. He presents on 04/21/2015 complaining of left shoulder pain that he describes as nagging, burning and stabbing pain that is constant and radiates down to his left arm. He rates the pain as 9/10 with activity and 5/10 with medication and treatment. His complains of right shoulder pain rated as 5/10 with activity and 3/10 with the use of medications and treatment. Other complaints were bilateral neck pain and right elbow pain. He noted he was having acid reflux because of the daily intake of ibuprofen. Physical exam revealed normal pinprick sensation to bilateral upper extremities. There was decreased range of motion of bilateral shoulders. There was a positive bilateral Kennedy-Hawkins sign on bilateral shoulders and tenderness of both elbows. Nortriptyline and Norco as needed. He was documented as temporary total disability and was not working due to work restrictions and the employer not being able to accommodate these restrictions. Treatment plan included Relafen, Pantoprazole, Tramadol, physical therapy to right shoulder, TENS unit for one month trial and a tennis elbow splint for right elbow. This request is for Relafen 750 mg # 60 and urine drug test. The patient's surgical history include right shoulder arthroscopic surgery in 2014 and had been approved for left shoulder surgery Patient has received an unspecified number of PT visits for this injury The patient has had MRI of the left shoulder that revealed tendinosis and X-ray of the cervical spine that revealed disc space narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22.

Decision rationale: Request: Relafen 750mg #60 Relafen belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Relafen for this injury. His diagnoses included adhesive capsulitis right shoulder, status post arthroscopic surgery, left shoulder tendinosis with supraspinatus tendon tear and compensatory right lateral epicondylitis. Co morbid diagnosis was diabetes. Prior treatment included physical therapy, right subacromial injection, anti-inflammatory medication, MRI of right shoulder (rotator cuff tear), right shoulder arthroscopic debridement and medications. His complains of right shoulder pain rated as 5/10 with activity and 3/10 with the use of medications and treatment. Physical exam revealed decreased range of motion of bilateral shoulders. There was a positive bilateral Kennedy-Hawkins sign on bilateral shoulders and tenderness of both elbows. The patient's surgical history include right shoulder arthroscopic surgery in 2014 and had been approved for left shoulder surgery The patient has had MRI of the left shoulder that revealed tendinosis and X-ray of the cervical spine that revealed disc space narrowing. NSAIDS like Relafen are first line treatments to reduce pain. Relafen 750mg #60 use is deemed medically appropriate and necessary in this patient.

Urine drug test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelinesPage 43 Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index,Pain (updated 06/15/15) Urine drug testing (UDT).

Decision rationale: Urine drug test Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment." Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument." 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" As per records provided medication lists includes Norco, which is an opioid medication. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in

patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for Urine drug test is medically appropriate and necessary in this patient.