

Case Number:	CM15-0105824		
Date Assigned:	06/10/2015	Date of Injury:	07/11/1997
Decision Date:	07/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker reported an industrial injury on 7/11/1997. His diagnoses, and/or impressions, are noted to include: left shoulder joint pain with adhesive capsulitis and rotator cuff tear; brachia neuritis; chronic pain; thoracic spine pain without radiculopathy; neck pain; occipital headache; cervical radiculopathy and facet pain; shoulder impingement; supra-spinatus tenosynovitis; and cervical osteoarthritis. No current imaging studies are noted. His treatments have included a qualified medical examination with report; medication management; and modified work duties. The progress notes of 5/1/2015 reported a follow-up visit for persistent and moderate-severe neck and shoulder pain that is increased with activities and fairly relieved on current medications. Objective findings were noted to include a positive "CVS" of sacral 1-2; positive anxiety; and tenderness to the cervical para-spinal muscles and left shoulder musculature region, with stiff, painful and decreased range-of-motion. The physician's requests for treatments were noted to include the continuation of Duragesic patches, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 25 mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Duragesic patch 25 mcg #15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends monitoring for the "4 A's" while prescribing opioids (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient has had a negative 4/7/15 urine drug screen for prescribed opioids. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement and has had inconsistent urine drug screens therefore the request for continued Duragesic is not medically necessary.

Urine drug screen: 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), urine drug testing.

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 (Chronic), Urine drug testing (UDT).

Decision rationale: Urine drug screen is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The documentation indicates that there have been prior utilization reviews stating that the prescribed opioids were not medically necessary. A review of the documentation indicates that without functional improvement and prior inconsistent drug screens Duragesic patch is not medically necessary and that an additional urine drug screen would not alter this patient's management. The request for a urine drug screen is not medically necessary.