

Case Number:	CM15-0108497		
Date Assigned:	06/15/2015	Date of Injury:	10/05/2005
Decision Date:	11/17/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 is a 62 year old female, who sustained an industrial injury on 10-05-2005. She has reported injury to the bilateral hands, wrists, and shoulders. The diagnoses have included bilateral shoulder internal derangement; and status post bilateral carpal tunnel release surgery, times two. Treatment to date has included medications, diagnostics, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Amitriptyline, Terocin patch, Omeprazole, and topical compounded creams. A progress report from the treating provider, dated 03-11-2015, documented an evaluation with the injured worker. The injured worker reported constant bilateral shoulder pain, rated at 7-8 out of 10 in intensity; constant bilateral wrist pain with numbness and tingling, rated at 7-8 out of 10 in intensity; her pain has significantly increased secondary to being out of medications because of lack of authorization; her pain level without medication is rated at 9 out of 10 in intensity, and decreased to 6 out of 10 in intensity with the use of medication; and the topical creams and patches help decrease pain and use of oral medication, and allow her to sleep longer and perform more chores. Objective findings included decreased ranges of motion of the left and right shoulder; there is tenderness along her acromioclavicular joint; there is tenderness along the trapezius muscles bilaterally with spasms; decreased ranges of motion of the bilateral wrists; and Phalen's test is positive bilaterally. The treatment plan has included the retrospective request for internal medicine evaluation for toxicity or long term drug use; and the retrospective request for drug screen, date of service 10-28-2014. The original utilization review, dated 05-26-2015, non-certified the retrospective request for internal medicine evaluation for toxicity or long term drug use; and retrospective request for drug screen, date of service 10-28-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for internal medicine evaluation for toxicity or long term drug use:
Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing pain in both shoulders that went into the arms with numbness and tingling, hand weakness, and pain in both hands that went into the shoulders. This documentation described no symptoms or findings requiring this type of specialty medical care, and there was no discussion detailing the reason this consultation would be helpful that was sufficient to support this request. In the absence of such evidence, the current request for an evaluation by an internal medicine specialist to assess the potential toxicity associate with long-term unspecified drug use to be done on the date of service 10/28/2014 is not medically necessary.

Retrospective request for drug screen, date of service: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing pain in both shoulders that went into the arms with numbness and tingling, hand weakness, and pain in both hands that went into the shoulders. Treatment recommendations included the use of a restricted medication. While the submitted and reviewed documentation did not include an individualized risk assessment as encouraged by the Guidelines, attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. In light of this supportive evidence, the current request for a drug screen to be done on the date of service 10/28/2014 is medically necessary.