

Case Number:	CM15-0144038		
Date Assigned:	08/05/2015	Date of Injury:	03/21/2008
Decision Date:	09/25/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/24/2015

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

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 44 year old female, who sustained an industrial injury on March 21, 2008. She reported bilateral shoulder pain and right and left wrist and hand pain with associated weakness, tingling and numbness. The injured worker was diagnosed as having cervical spine sprain and strain, chronic bilateral shoulder impingement, status post left shoulder arthroscopy on August 2, 2013, carpal tunnel syndrome of the right wrist and carpal tunnel syndrome of the left wrist. Treatment to date has included diagnostic studies, radiographic imaging surgical intervention of the left shoulder, conservative care, medications and work restrictions. Currently, the injured worker continues to report bilateral shoulder pain and left wrist and hand pain with associated weakness, tingling and numbness. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 13, 2015, revealed continued pain. Norco was continued. Evaluation on February 24, 2015, revealed continued bilateral shoulder pain. Bilateral wrist cockup splints were recommended. Modified work was continued. Evaluation on April 7, 2015, revealed continued bilateral shoulder pain. No numerical pain rating was noted in the physician's report. Evaluation on June 19, 2015, revealed continued pain as noted with associated symptoms and a positive triggering of the left long finger. She was to return to modified work on June 19, 2015. It was noted she failed physical therapy, braces and carpal tunnel release. Urinary drug screen on June 29, 2015, revealed results consistent with expectations. 1 prescription of Norco 5/325mg #60 and 1 urine drug screen were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with bilateral shoulder and left wrist/hand pain. The current request is for 1 prescription of Norco 5/325 mg #60. The treating physician's report dated 06/19/2015 notes right and left shoulder pain. Weakness on the left hand was noted with increased nocturnal numbness. The patient is on modified work. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. Medical records show that the patient was prescribed Norco prior to June 2014. The physician does not document before and after pain scales. The physician does not provide specific examples of ADLs to demonstrate medication efficacy. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, etc. However, the urine drug screen from 06/30/2015 shows consistent results to prescribed medications. Additionally, no outcome measures were provided as required by MTUS Guidelines. In this case, the physician does not provide the proper documentation required by MTUS Guidelines for continued opiate use. The current request is not medically necessary.

1 urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT).

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

Decision rationale: The patient presents with bilateral shoulder and left wrist/hand pain. The current request is for 1 Urine Drug Screen. The medical records show 2 urine drug screens from 03/04/2015 and 06/30/2015, both showing consistent results. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. For low-risk opiate users,

once yearly urine drug screen is recommended following initial screening within the first 6 months. The treatment report dated 06/19/2015 notes a request for a 2nd urine drug screen. It would appear that the UDS performed on 06/30/2015 is the request in question. While the treater does not discuss the patient's "risk assessment," for low-risk opiate users, once-yearly urine drug screen and a follow-up is recommended for a total of 2 per year. The current request is medically necessary.