

Case Number:	CM15-0146721		
Date Assigned:	08/07/2015	Date of Injury:	07/31/2007
Decision Date:	09/03/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/28/2015

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 is a 60 year old female, who sustained an industrial injury on July 31, 2007, incurring left arm and left shoulder injuries when her arm was caught under a car hood. She was diagnosed with a left rotator cuff tear and cervicalgia. She underwent a surgical repair of the left rotator cuff tear. Treatment included pain medications, muscle relaxants, sleep aides, physical therapy, home exercise program, and activity restrictions. Currently, the injured worker complained of chronic severe pain in the left shoulder radiating down into the left foot. She rated this pain 9 to 10 on a pain scale from 1 to 10. She was noted to have decreased upper extremity strength and shoulder tenderness with limited range of motion. She was diagnosed with cervicalgia and derangement of the upper arm joint. The treatment plan that was requested for authorization included a prescription for Norco and a request for a urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 as prescribed 7/7/75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: Norco 10/325mg #90 as prescribed 7/7/75 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. 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 reveals that the patient has been on opioids without significant evidence of objective functional improvement and with continued evidence of persistent pain. For these reasons the request for continued Norco is not medically necessary.

Urine toxicology screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction and Drug testing Page(s): 94 and 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Urine drug testing (UDT).

Decision rationale: Urine toxicology screening is not medically necessary per the MTUS 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 ODG states that patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. 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. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. Although the documentation indicates that prior urine drug screen in Feb. 2015 was inconsistent for Soma and had THC present a review of the documentation reveals that opioids are not medically appropriate for this patient without continued functional improvement therefore the request for urine drug screening is not medically necessary.