

Case Number:	CM15-0148784		
Date Assigned:	08/12/2015	Date of Injury:	06/15/2010
Decision Date:	09/30/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, with a reported date of injury of 06-15-2010. The mechanism of injury was not included in the medical records provided. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include status post ORIF (open reduction and internal fixation) due to fracture of proximal left humerus, shoulder internal derangement, and status post manipulation under anesthesia. Treatments and evaluation to date have included oral medications and topical pain medications. The diagnostic studies to date have included a urine drug screen dated 03-11-2015, which was negative for Hydrocodone. The progress report dated 03-11-2015 indicates that the injured worker complained of left shoulder pain with radiation to the left upper extremity. He rated the left shoulder pain 9 out of 10. There was also mention of tingling in the left upper extremity. The injured worker also complained of pain in his bilateral upper extremities. He was out of medications and his pain was progressively increasing. The injured worker had difficulty falling asleep due to pain. He stated that his pain was reduced with rest and activity modification. The injured worker also stated that he was currently taking Norco, 10-325 mg #120, one tablet four times a day and he found it helpful. The objective findings include non-specific tenderness to palpation in the left shoulder; mild tenderness to palpation at the supraspinatus, infraspinatus, and bicipital group on the left; and decreased left shoulder range of motion. The treatment plan included a urine drug test to monitor compliance with prescribed medication and refill of Norco, one tablet as needed times per day. The injured worker's work status was permanent and stationary. The treating physician

requested a urine drug screen (date of service: 03-11-2015) and Norco 10-325mg #120 (date of service: 03-11-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg Qty 120 (retrospective dispensed 3/11/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records contain UDS report dated 3/16/15, which was negative for prescribed Norco. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary.

Urine drug screening (UDS), (retrospective date of service: 03/11/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87.

Decision rationale: MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse. Per MTUS CPMTG p 87, "Indicators and predictors of possible misuse of controlled substances and/or

addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources." As the injured worker does not demonstrate any indicators, recent UDS is already on file, and there is no documentation of aberrant behavior, the request is not medically necessary.