

Case Number:	CM15-0167899		
Date Assigned:	09/08/2015	Date of Injury:	12/23/2013
Decision Date:	10/21/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/26/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 61-year-old male, with a reported date of injury of 12-23-2013. The diagnoses include bilateral shoulder impingement syndrome, status post right hand crush injury, right median neuropathy, and rule out right ulnar neuropathy. Treatments and evaluation to date have included a neurological evaluation, Tramadol (since at least 02-2015), and Cyclobenzaprine. The diagnostic studies to date have included an electromyography of the upper extremity on 01-29-2015 with normal findings; a nerve conduction velocity study of the upper extremity on 01-30-2015 which showed a mild bilateral medial sensory nerve neuropathy consistent with a mild bilateral carpal tunnel syndrome; a urine drug screen on 02-17-2015 with negative findings; and a urine drug screen on 03-17-2015 with negative findings. The medical report dated 06-30-2015 indicates that the injured worker complained of right shoulder pain, rated 8 out of 10; left shoulder pain, rated 7 out of 10; and right hand pain, rated 7 out of 10. It was noted that the medication at the current dosing provided maintenance of the activities of daily living. The injured worker noted the frequent inability to adhere to the recommended exercise regime without medication on board, due to pain. He would take Tramadol ER (extended-release) 300mg per day, or two by mouth daily, which resulted in an approximate 5 point decreases in pain depending on the level of activity. The injured worker reported improved range of motion, improved tolerance to exercise, and a variety of activity with this medication on board. The injured worker also took cyclobenzaprine for spasm. The objective findings include tenderness of the right and left shoulder, right shoulder flexion at 140 degrees, right shoulder abduction at 130 degrees, left shoulder flexion at 140 degrees, left shoulder abduction at 140 degrees, positive bilateral impingement signs, atrophy of the right greater than left deltoid musculature, diminished sensation in the right median and ulnar distributions, positive Tinel's on

the right, and spasm of the right greater than left cervical trapezius. The treatment plan included Tramadol ER 150mg #60, two by mouth daily, Naproxen 550mg #90, one by mouth three times a day, Pantoprazole 20mg #90, one tablet by mouth three times a day, Cyclobenzaprine 7.5mg #90, one by mouth three times a day as needed, and monthly urine toxicology screening. The injured worker's disability status was indicated at temporarily partially disabled with no use of right upper extremity; and no overhead work. The treating physician requested a monthly urine drug screen. On 07-22-2015, Utilization Review (UR) non-certified the request for a monthly urine drug screen. On 07-22-2015, Utilization Review (UR) non-certified the request for a monthly urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 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. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control.(h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids. The patient was on opioids at the

time of request however the request is for monthly UD's. The continued need for opioids and any aberrant behavior cannot be determined and therefore the request is not medically necessary.