

Case Number:	CM15-0197686		
Date Assigned:	10/13/2015	Date of Injury:	07/14/2012
Decision Date:	11/20/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/07/2015

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: Internal Medicine, Rheumatology

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 43 year old female, who sustained an industrial injury on 7-14-2012. A review of the medical records indicates that the injured worker is undergoing treatment for rotator cuff tear, discogenic neck pain, right carpal tunnel syndrome, and radiculopathy of the cervical spine, degenerative disc disease of the cervical spine, right shoulder impingement syndrome, and right shoulder rotator cuff arthropathy. On 9-11-2015, the injured worker reported constant pain in the bilateral right greater than left shoulder traveling to her bilateral upper extremities, rating her pain as 8-9 on a scale of 0 to 10 with 0 being no pain and 10 being the most severe pain. The injured worker reported numbness and tingling in the bilateral upper extremities and cervical spine, with right wrist pain rated 8-9 out of 10, and neck pain traveling to her bilateral upper extremities rated as 8-9 out of 10. The Primary Treating Physician's report dated 9-11-2015, noted the injured worker reported her pain was reduced with rest, activity modification, and ice. The injured worker's current medications were noted to include Norco, noted to be helpful for pain relief, Neurontin, helpful to ease nerve pain, and Duexis to help with inflammation and protecting the stomach, and Ibuprofen. The physical examination was noted to show nonspecific tenderness in the right shoulder, moderate tenderness at the acromioclavicular joint and acromion on the right with positive Hawkins-Kennedy, empty can test, supraspinatus resistance test, impingement maneuver, and O'Brien's sign for AC-labrum on the right shoulder. The right wrist was noted to have nonspecific tenderness. Palpation revealed moderate paraspinal tenderness and spasms on the right C4-C5 and C5-C6 levels, and mild spinal tenderness and muscle guarding radiating to the right arm on the right C4-C5 and C5-C6 levels.

The treatment plan was noted to include a urine analysis to monitor compliance with prescribed medications, a request for a cardiology consultation to address surgical clearance due to the injured worker's heart palpitations, a neurosurgical consultation to address the cervical spine, physical therapy, and prescribed Norco and Duexis, both prescribed since at least 4-22-2015.

The injured worker's work status was noted to be temporarily totally disabled. The request for authorization dated 9-11-2015, requested referral for consultation with neurosurgeon and treat (cervical surgery evaluation), referral for consultation with cardiologist (surgical clearance/heart palpitations), retro urine drug testing done 9/11/15, Duexis 800 MG #90 with 2 refills, and Norco 10/325 MG #120. The Utilization Review (UR) dated 10/2/2015, certified the requests for consultation with neurosurgeon and treat (cervical surgery evaluation) and referral for consultation with cardiologist (surgical clearance/heart palpitations), modified the request for Norco 10/325 MG #120 to certify #60 and non-certify the remaining #60, and non-certified the requests for retro urine drug testing done 9/11/15 and Duexis 800 MG #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

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

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

Decision rationale: This 43 year old female has complained of shoulder pain, neck pain and wrist pain since date of injury 7/14/2012. She has been treated with physical therapy and medications to include opioids for at least 3 months duration. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

Duexis 800 MG #90 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: This 43 year old female has complained of shoulder pain, neck pain and wrist pain since date of injury 7/14/2012. She has been treated with physical therapy and

medications to include NSAIDS for at least 3 months duration. The current request is for Duexis. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least a 3 month duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Duexis is not indicated as medically necessary in this patient.

Retro Urine Drug Testing Done 9/11/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

Decision rationale: This 43 year old female has complained of shoulder pain, neck pain and wrist pain since date of injury 7/14/2012. She has been treated with physical therapy and medications. The current request is for a retro urine drug screen, 9/11/15. No treating physician reports adequately address the specific indications for urinalysis drug screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, retro urine drug screen, 9/11/15 is not indicated as medically necessary.