

Case Number:	CM15-0205370		
Date Assigned:	10/22/2015	Date of Injury:	03/29/2013
Decision Date:	12/04/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 49 year old female, who sustained an industrial injury on 03-29-2013. She has reported injury to the neck and right shoulder. The diagnoses have included disc protrusion measuring 2mm at C3-C4, and C4-C5; facet joint arthropathy at C4-C5, C5-C6; bilateral moderate-severe C6 neural foraminal stenosis; right cervical radiculopathy with right upper extremity weakness; right shoulder impingement; and right shoulder surgery, on 09-11-2013. Treatment to date has included medications, diagnostics, activity modification, acupuncture, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Motrin, Maxalt, and Elavil. A progress report from the treating physician, dated 09-03-2015, documented a follow-up visit with the injured worker. The injured worker reported right neck pain, right shoulder pain, and right arm pain; exacerbating factors include cervical range of motion and overhead activity; current medications include Maxalt, Elavil, Motrin, and Norco; and she is on a modified duty at work. It is noted that prior physical therapy treatments have decreased pain by 30% and increased ranges of motion by 50%; and Norco provides 50% improvement in her pain, with 50% improvement of her activities of daily living such as self-care and dressing. Objective findings included she is alert and in no acute distress; tenderness upon palpation of the cervical paraspinal muscles and right shoulder; right shoulder impingement signs, including Neer's and Hawkin's were positive; cervical ranges of motion were restricted by pain in all directions by 50%; cervical extension was worse than cervical flexion; and muscle strengths are noted as 4+ out of 5 in the right deltoid, right biceps, right wrist extensors, and right triceps. The provider has noted that the injured worker is on "an up-to-date pain contract and her previous urine drug screens were consistent with no aberrant behaviors and no adverse effects." The treatment plan has included the request for Norco 5-325mg #90; and 12 panel urine drug screen (UDS) in office. The original utilization review, dated 10-19-2015, non-certified the request for Norco 5-325mg #90; and 12 panel urine drug screen (UDS) in office.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Overturned

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, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in March 2013 and is being treated for neck and right shoulder and arm pain. She had right shoulder surgery in September 2013. When seen, Norco was decreasing pain by 50% with a 50% improvement in activities of daily living such as dressing and self-care. Prior urine drug screening had been consistent with the prescribed medications and had last been done in March 2014. Physical examination findings included a normal body mass index. There was cervical tenderness. There was decreased cervical and right shoulder range of motion. Right shoulder impingement testing was positive. There was decreased right upper extremity strength. Norco was continued at a total MED (morphine equivalent dose) of 15 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

12 panel urine drug screen (UDS) in office: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant sustained a work injury in March 2013 and is being treated for neck and right shoulder and arm pain. She had right shoulder surgery in September 2013. When seen, Norco was decreasing pain by 50% with a 50% improvement in activities of daily living such as dressing and self-care. Prior urine drug screening had been consistent with the prescribed medications and had last been done in March 2014. Physical examination findings included a normal body mass index. There was cervical tenderness. There was decreased cervical and right shoulder range of motion. Right shoulder impingement testing was positive. There was decreased right upper extremity strength. Norco was continued at a total MED (morphine equivalent dose) of 15 mg per day. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant appears to be at low risk for addiction/aberrant behavior. Patients at low risk of addiction/aberrant behavior should be tested within six months of

initiation of therapy and on a yearly basis thereafter. In this case, there is no urine drug screening result over the previous 12 months and the request was medically necessary.