

Case Number:	CM15-0030509		
Date Assigned:	02/24/2015	Date of Injury:	10/02/2004
Decision Date:	11/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/18/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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 49 year old female, who sustained an industrial injury on 10-02-2004. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for right shoulder pain status post surgical procedure, left shoulder surgery, bilateral carpal tunnel status post release, right triangular fibrocartilage debridement, right knee arthroscopy, left knee arthroscopy medial meniscal tear and MRI shoulder shows humeral sided partial thickness tearing of the supraspinatus tendon and complex tear of the superior labrum. Treatment and diagnostics to date has included surgeries, inconsistent urine drug screen dated 08-20-2014, and medications. Current medications include Alprazolam (0.5mg twice a day since at least 07-08-2014), Naproxen, Norco (10-325mg 1 every 4 hours since at least 07-08-2014), Restoril (30mg 1 at bedtime since at least 11-26-2014), Wellbutrin, and Zoloft. After review of progress notes dated 12-29-2014 and 01-29-2015, the injured worker reported cervical pain with radicular pain in left arm rated 6 out of 10 on the pain scale, bilateral shoulder pain rated 4-8 out of 10, bilateral knee pain rated 4-8 out of 10, and hand and wrist pain rated 3-5 out of 10. Objective findings included decreased light touch sensation on the right at C6 and C7 dermatome, pain to palpation to cervical spine with restricted range of motion, and tenderness to palpation over the acromioclavicular joint. The request for authorization dated 02-03-2015 requested Alprazolam 0.5mg 1 by mouth twice a day #60 with 3 refills, Norco 10-325mg 1 by mouth every 4 hours #180, Wellbutrin, Zoloft, and urine drug screen for drug management, . The Utilization Review with a decision date of 02-09-2015 non-

certified the request for urine drug screen, Alprazolam 0.5mg #60 with 3 refills, and Norco 10/325mg #180 and modified the request for Restoril 30mg to Restoril 30mg #24.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain (chronic).

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

Decision rationale: CA MTUS recommends drug testing as an option to "assess for the use or the presence of illegal drugs." Additional recommendations random drug testing, not at office visits. There are results from a previous urine drug screens discussed in the record. This screen produced results inconsistent with the prescribed medications. The provider does not discuss the discrepancy and there are no consequences and no change in prescribing practice. In addition, the request for a UA drug screen does not specify what specifically is being tested. The specific content of the test should be listed, as many drug tests do not assay the correct drugs. The urine drug screen is not medically necessary based on lack of a clear collection and testing protocol, lack of details regarding the testing content and protocol, and lack of a current opioid therapy program which is in accordance with the MTUS. The request for a urine drug screen is not medically necessary.

Alprazolam 0.5mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: CA MTUS guidelines state that benzodiazepines are "not recommended for long term use because long term efficacy is unproven and there is a risk of dependence." Furthermore, guidelines limited treatment duration to 4 weeks. Records support the IW has been taking alprazolam for a minimum of 6 months. The request includes 3 refills. This suggests intended usage for long term. Additionally, this number of refills does not support close following of patient response to treatment. The request does not include dosing or frequency. The medication is not being prescribed within the CAMTUS guidelines. As such, the request is determined not medically necessary.

Norco 10/325mg #180: 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, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The documentation does not clearly discuss the IW's response to opiates. The chart includes a urine drug screen with inconsistent results. These results were not discussed, nor did prescribing practices change. In addition, the request does not include dosing frequency or duration. Without prescribing practices consistent with CA MTUS guidelines and an incomplete request, Norco is determined not medically necessary.

Restoril 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: CA MTUS guidelines state that benzodiazepines are "not recommended for long term use because long term efficacy is unproven and there is a risk of dependence." Furthermore, guidelines limited treatment duration to 4 weeks. Records support the IW has been taking different benzodiazepines, over the course of 2 years. This clearly exceeds the recommended term of use and is not within CA MTUS guideline. Additionally, the current request does not include dosing or frequency. The request for Restoril is not medically necessary.