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| Case Number: | CM15-0036246 | | |
| Date Assigned: | 03/04/2015 | Date of Injury: | 11/27/2013 |
| Decision Date: | 04/24/2015 | UR Denial Date: | 02/04/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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: Maryland, District of Columbia
 Certification(s)/Specialty: Internal 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 62 year old male who sustained an industrial injury on 11/27/13. He reports lumbar and cervical spine pain, as well and right shoulder and elbow pain. Treatments to date include medications, physical therapy, and shock wave treatments. Diagnoses include cervical and lumbar spine pain, and 2 other illegible diagnoses. In a progress note dated 12/14/14 the treating provider recommends Theramine, Gabadone, Sentra, a urinalysis for toxicology, and physical therapy. On 02/04/15 Utilization Review non-certified the urinalysis for toxicology, Naproxen, and Cyclobenzaprine, citing MTUS guidelines. The progress notes from 12/14/14 were reviewed. He had pain for which medications, creams and physical therapy were helpful. On examination he had spasm of lumbar spine, positive impingement of right shoulder and tenderness over lateral epicondyle of right elbow. Diagnoses included cervical and lumbar HNP, shoulder impingement and lateral epicondylitis. The request included Naprosyn, urine toxicology and Cyclobenzaprine. Prior urine drug screen from November 2014 was positive for Tramadol. MRI of the right shoulder from December 2014 showed supraspinatus tendinosis, infraspinatus partial tendon tear, probable partial biceps tendon tear and anterior as well as superior glenoid labral tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

UA for toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chronic Pain, Urine drug screen.

Decision rationale: The MTUS guidelines recommend obtaining drug tests intermittently while on Opioids. But the MTUS does not address the frequency with which testing should be done. The ODG guidelines recommend urine drug screenings up to 4 times a year while on Opioids as well as for cause like drug intoxication, motor vehicle crash, lost or stolen prescriptions, using more than one provider and selling of medications. In this case, there is a previous urine drug screen that was consistent with Tramadol intake and the provider has not discussed or described the results. There is no documentation about the need for monthly drug testing. Performing further urine drug testing without clearly ascertaining the result and making further plans doesn't meet guideline criteria. The request for urine drug testing is not medically necessary and appropriate.

Naproxen Sodium 550mg one tablet twice a day #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-69.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as an option in chronic low back pain and tendinitis for short-term symptomatic relief. Guidelines don't endorse long term use. The employee's records demonstrate complaints of chronic shoulder and elbow pain and that medications were effective at improving the patient's pain during a previous visit. A recent MRI of shoulder also showed ongoing tendinitis of supraspinatus tendon. Given the ongoing tendinitis and inflammation, the request for naproxen 550 mg #60 is medically necessary and appropriate.

Cyclobenzaprine 7.5mg one tablet twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

Decision rationale: According to MTUS, Chronic Pain Guidelines, Cyclobenzaprine is recommended as a short course therapy for pain. He had been on Flexeril for a prolonged period, which exceeds the time frame recommended by the guidelines. The request for Flexeril 7.5mg #60 is not medically necessary or appropriate.