

Case Number:	CM15-0038596		
Date Assigned:	03/09/2015	Date of Injury:	07/11/2006
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on July 11, 2006. He has reported neck pain, shoulder pain, and lower back pain. The injured worker was diagnosed as having right shoulder internal derangement, chronic cervical spine strain/sprain with disc herniation, chronic lumbar spine strain/sprain with disc herniation and degenerative changes, and chronic left shoulder spasms. Treatment to date has included medications. Currently, the injured worker complains of neck pain radiating to the right arm, bilateral shoulder pain, and lower back pain radiating to the right buttock. The treating physician requested a pain management consultation, urine drug screen, and a prescription for Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
 Page(s): 67-68.

Decision rationale: The patient presents with shoulder and back pain. The current request is for Naproxen 550mg, #60 with 3 refills. The treating physician states, "Patient reports no change in her symptoms. The patient also reports tolerating medication well". (B.33) There is no further discussion on the current request. MTUS guidelines for medications for chronic pain state pages 60, 61 state, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS further states, "A record of pain and function with the medication should be recorded". MTUS does support the use of NSAIDs for chronic pain, specifically for low back, neuropathic and osteoarthritis. In this case, the patient has been prescribed this medication since at least 2/25/14 according to the progress reports submitted. The treating physician does document that the patient is tolerating medication well. However there is no documentation indicating improvement in function or increased activity. There is also no pain level reduction documented. The current request is not medically necessary and the recommendation is for denial.

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug screen: opioids Substance abuse (tolerance, dependence, addiction)Urine Drug Testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) opioids, tools for risk stratification & monitoring.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine Drug Testing.

Decision rationale: The patient presents with shoulder and back pain. The current request is for Urine drug screen. The treating physician states, "Patient reports no change in her symptoms. The patient also reports tolerating medication well". (B.33) There is no further discussion on the current request. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain Chapter, Urine Drug Testing, provide clearer recommendation. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in low risk patient. In this case, the patient has been prescribed opiates since at least 10/01/13 according to the progress reports submitted. There is no indication that the patient had completed a urine drug test in 2014. The treating physician does not document any red flags or misuse of medication indicating that the patient is a medium or high risk opioid patient. The current request is medically necessary and the recommendation is for authorization.