

Case Number:	CM15-0111796		
Date Assigned:	06/18/2015	Date of Injury:	12/06/1999
Decision Date:	11/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old male injured worker suffered an industrial injury on 12-6-1999. The diagnoses included left rotator cuff repair 3-10-2015, cervical discogenic pain with radiculopathy and cervical neck pain with evidence of disc disease. On 4-7-2015 the provider noted he would like to keep the Norco 3 x daily as he had both neck and shoulder pain. The pan was rated 4 out of 10 with medications and 7 out of 10 without medication. On 5-5-2015, the treating provider reported the injured worker felt the shoulder was doing better but the neck continued to get worse. His range of motion was improved. The neck pain radiated to the shoulders and thoracic spine with a little bit of tingling at the right shudder area. The pain levels were 7 out of 10 without medication and 5 out of 10 with medications. The provider noted there were functional improvements with medication that included walking for exercise on a daily basis and getting back to household chores. He reported he gets significant headaches from the neck pain and he feels his neck gets stuck and has to pop it to get range of motion. On exam, the cervical spine is moderately tender in the upper facets and lower cervical muscles along with mildly decreased range of motion. The left shoulder continued with tenderness at the joint. The provider reported the injured worker required opioid therapy as the physical exam, imaging and diagnostic studies suggest the pain was a combination of nociceptive pain and neuropathic pain that was moderate to severe. Prior treatment included post-operative physical therapy and medication. Diagnostics included urine drug screen on 2-17-2015, 3-5-2015 and 5-5-2015. Request for Authorization date was 5-6-2015. The Utilization Review on 5-15-2015 determined non-certification for

Retrospective Norco 10/325mg #90 (DOS: 5.5.15) and Retrospective 1 urine drug screen (DOS: 5.5.15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #90 (DOS: 5.5.15): Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and 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 for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

Decision rationale: The injured worker sustained a work related injury on 12-6-1999. The diagnoses included left rotator cuff repair 3-10-2015, cervical discogenic pain with radiculopathy and cervical neck pain with evidence of disc disease. Treatments have included post-operative physical therapy and medication. The medical records provided for review do not indicate a medical necessity for Retrospective Norco 10/325mg #90 (DOS: 5.5.15). The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the long-term use of opioids the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker's use of this medication predates 05/2013. When the injured worker reported for the 5th week post ops evaluation, the injured worker was noted not to be on pain medication, but the injured worker was recommended to take Motrin and Norco as needed for pain; however, there was no documentation of the severity and characteristics. The requested treatment is therefore not medically necessary considering the injured worker is not being properly monitored for pain, also due lack of proper documentation of assessment as requested by the MTUS when opioids are used for longer than 6 months.

Retrospective 1 urine drug screen (DOS: 5.5.15): 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The injured worker sustained a work related injury on 12-6-1999. The diagnoses included left rotator cuff repair 3-10-2015, cervical discogenic pain with radiculopathy and cervical neck pain with evidence of disc disease. Treatments have included post-operative physical therapy and medication. The medical records provided for review do not indicate a medical necessity for Retrospective 1 urine drug screen (DOS: 5.5.15). The MTUS recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The MTUS does not specify how often this should be done, but the Official Disability recommends it be based on risk stratification, with individuals at low risk tested within 6 months of initiation of opioids then yearly; individuals considered moderate risk to be tested about two to three time a year, and dose at high risk tested about once a month. Moderate risk includes those with psychiatric disorders, while high risk includes those with current drug abuse or substance dependence. The medical records indicate the injured worker has no psychiatric history; there is no history of aberrant behavior or drug dependence. Therefore, the urine drug screen was not medically necessary since he has been tested twice within the past two preceding months.