

Case Number:	CM15-0120402		
Date Assigned:	06/30/2015	Date of Injury:	11/06/2009
Decision Date:	08/24/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/22/2015

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 69-year-old male who sustained an industrial injury on November 6, 2009. He reported an injury while attempting to grab a heavy tray. He has reported injury to the neck, right shoulder, lower back, and bilateral knees and has been diagnosed with tricompartment arthritis of the right knee, degenerative arthritis, possible herniated disc of the lumbar spine, cervical strain and sprain, degenerative arthritis of the cervical spine, herniated disc C3-C4, C6-C7, 3 to 4 mm per MRI, status post arthroscopy and arthrotomy of the right shoulder, repair of rotator cuff, subacromial decompression right shoulder, and Mumford procedure, and radiculopathy of extremity probably resolving. Treatment has included medications, medical imaging, and physical therapy. Examination of the cervical spine revealed decreased range of motion. There was tenderness to palpation of the cervical spine. Cervical compression test was positive. Shoulder depression test was positive bilaterally. The lumbar spine showed decreased range of motion. There was tenderness to palpation over the lumbar spine. Straight leg raise was positive bilaterally. The right shoulder showed decreased range of motion. There was tenderness to palpation of the trapezius muscles. Examination of the knees showed decreased range of motion. Palpation of the quadriceps and hamstring revealed tenderness and hypertonicity bilaterally. The treatment plan included a urine toxicology screen and medications. The treatment request included a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8 (2) Opioids, criteria for use, Page(s): 8, 77-78.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2009 and continues to be treated for neck, low back, right shoulder, and bilateral knee pain. He was seen for an initial orthopedic evaluation on 04/30/15. Physical examination findings included decreased cervical and lumbar spine range of motion with tenderness. There was decreased knee and shoulder range of motion. He had trapezius and cervical muscle tenderness. Cervical compression testing and straight leg raise testing was positive. Ultram was prescribed and urine drug testing was ordered. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, which does not mean that they are no longer entitled to future medical care. 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, Opioid therapy with Ultram was being initiated. The request was medically necessary.