

Case Number:	CM15-0046389		
Date Assigned:	03/18/2015	Date of Injury:	09/01/2009
Decision Date:	04/23/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/11/2015

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, New York, California
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain with derivative complaints of insomnia, depression, and anxiety reportedly associated with an industrial injury of September 1, 2009. In a utilization review report dated March 31, 2015, the claims administrator failed to approve a request for Norco and a urine drug screen. The Norco was apparently prescribed and/or dispensed on or around February 11, 2015, the claims administrator contended. In a January 27, 2015 RFA form, Norco, Relafen, and Prilosec were apparently dispensed. In an associated progress note dated January 14, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant was using Norco, Relafen, and Prilosec, it was acknowledged. The applicant had undergone earlier shoulder surgery. A permanent 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitations in place. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. On August 25, 2014, the applicant reported ongoing complaints of neck, shoulder, thumb, and hand pain. The applicant was using Norco at a rate of three to four times daily at this point in time. A 10-pound lifting limitation and urine drug testing were endorsed on this date. On February 11, 2015, the applicant was again described as having ongoing complaints of shoulder pain. The attending provider contended that the applicant was doing well with four tablets of Norco daily. Norco and Relafen were endorsed, along with a urine drug screen. The applicant's 10-pound lifting limitation was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325 MG #120 (Dispensed 2-11-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: 1. No, the request for Norco, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was seemingly off work, as suggested on several progress notes of late 2014 and early 2015, referenced above. The applicant did not appear to be working with a rather proscriptive 10-pound lifting limitation in place. While the attending provider did state on one occasion that the applicant's medications were beneficial, this was not quantified and was, furthermore, seemingly outweighed by the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing Norco usage (if any), and therefore is not medically necessary.

UA Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Urine drug testing (UDT).

Decision rationale: 2. Similarly, the request for a urine drug screen is likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter, Urine Drug Testing Topic, however, does stipulate that an attending provider attempt to conform to the best practices of the United States Department of Transportation when performing drug testing, eschew confirmatory testing outside of the emergency department drug overdose context, attempt to categorize applicants into higher or lower-risk categories for which more or less frequent drug testing would be indicated, and clearly state when the last date an applicant was tested was. Here, however, the attending provider did not state when the applicant was last tested. The attending provider did not signal his intention to eschew confirmatory and/or quantitative testing. The attending provider did not state which drug testing and/or drug panels were being tested for. The attending provider did not attempt to categorize the applicant into higher or lower-risk

categories for which more or less frequent drug testing would be indicated. Since several ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.