

Case Number:	CM15-0065925		
Date Assigned:	04/13/2015	Date of Injury:	02/28/2012
Decision Date:	05/18/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/07/2015

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

Certification(s)/Specialty: Emergency 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 54-year-old male, who sustained an industrial injury on 2/28/12. The injured worker has complaints of bilateral shoulder pain, elbow pain, forearm pain, wrist and upper extremity pain. The diagnoses have included shoulder pain; neck pain; bilateral upper extremity repetitive injury; bilateral shoulder tendinitis; bilateral shoulder impingement; bilateral wrist tendinitis and bilateral De Quervain's. Treatment to date has included bilateral wrist braces; trazodone; ibuprofen and morphine sulfate immediate release; left shoulder cortisone injection; urine drug screen was consistent with no aberrant behaviors and physical therapy but not for his shoulders. The documentation noted that the injured workers prior medications were MSIR, Voltaren gel and Naprosyn. Last urine drug screen dated 9/23/14 was positive for hydrocodone. The request was for morphine sulfate immediate release and in office random 12-panel urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-79.

Decision rationale: MSIR is Intermediate Release Morphine. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation or analgesia criteria. There is no documentation of any improvement in pain or functional status with current medication regimen. There is no noted screening for abuse or side effects. While a urine drug screen report was present, there is lack of documentation of CURES review or abuse screening questions. Documentation fails to support MSIR prescription. The request IS NOT medically necessary.

In office random 12-panel urine drug screen (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: As per MTUS Chronic pain guidelines, urine drug screens may be utilized to monitor compliance and abuse of medications or drugs. However, provider has failed to document a necessity for another urine drug screen with a recent UDS that was appropriate on 9/23/14. The provider has not documented increased risk of abuse or signs of drug intoxication. Urine drug screen is not medically necessary.