

Case Number:	CM15-0078714		
Date Assigned:	04/29/2015	Date of Injury:	12/08/2010
Decision Date:	05/29/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/24/2015

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 injured worker is a 44 year old male who sustained an industrial injury on 12/08/2010. Current diagnoses include right shoulder pain, status post 6 surgeries including partial joint replacement, left shoulder pain, chronic myofascial shoulder pain, neck pain need to rule out radiculopathy, and history of carpal tunnel release. Previous treatments included medication management, shoulder surgeries, trigger point injections, and physical therapy. Report dated 04/08/2015 noted that the injured worker presented with complaints that included bilateral shoulder and neck pain with upper extremity radicular pain. Pain level was 5 out of 10 on the visual analog scale (VAS). Current medications include Norco, Zohydro, and Paxil. It was noted that the injured worker has failed anti-inflammatories, Percocet, amitriptyline, gabapentin, Zanaflex, and Flexeril. Physical examination was documented as no significant changes. The treatment plan included starting Norco, discontinuation of gabapentin and Zanaflex, continuation with home exercise, obtained a urine drug screen, and follow up in one month. Disputed treatments include urine drug screen and retrospective Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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 rationale: The injured worker sustained a work related injury on 12/08/2010. The medical records provided indicate the diagnosis of right shoulder pain, status post 6 surgeries including partial joint replacement, left shoulder pain, chronic myofascial shoulder pain, neck pain need to rule out radiculopathy, and history of carpal tunnel release. Previous treatments included medication management, shoulder surgeries, trigger point injections, and physical therapy. The medical records provided for review do not indicate a medical necessity for Urine drug screen. The MTUS recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs in individuals on controlled substances. The urine drug screen is no longer necessary as the opioid (Norco) has been determined to be not medically necessary.

Retro: Norco 10/325mg #180 (unknown dos): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 12/08/2010. The medical records provided indicate the diagnosis of right shoulder pain, status post 6 surgeries including partial joint replacement, left shoulder pain, chronic myofascial shoulder pain, neck pain need to rule out radiculopathy, and history of carpal tunnel release. Previous treatments included medication management, shoulder surgeries, trigger point injections, and physical therapy. The medical records provided for review do not indicate a medical necessity for Retro: Norco 10/325mg #180 (unknown dos). 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 use of opioids for longer than 70 days in 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 use of opioids predates 12/2014, but there has been no overall improvement; the injured worker is not properly monitored for activities of daily living. Also, the records indicate the injured worker was instructed to take 6 tablets of the 10/325mg strength in a day. This recommendation is contrary to the recommended dosing of 5/500mg taken as 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day, and for higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain; The injured worker might interpret the instruction to mean taking six tablets at once is the same as taking one tablet six times in a day.