

Case Number:	CM15-0093819		
Date Assigned:	05/20/2015	Date of Injury:	02/13/2013
Decision Date:	06/24/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/15/2015

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, California

Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on February 13, 2013. He reported bilateral shoulder pain and low back pain. The injured worker was diagnosed as having status post multiple shoulder surgeries including a humeral resurfacing procedure, progressive glenoid arthritis and left early osteoarthritis of the glenohumeral joint and acromioclavicular joint. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the shoulder and wrist, physical therapy, conservative treatments, medications and work restrictions. Currently, the injured worker complains of right shoulder pain radiating to the right upper extremity, left shoulder pain with associated popping, grinding and difficulty with overhead activity and low back pain. Physical examination of the bilateral shoulder revealed tenderness on palpation. Limited range of motion, 5/5 strength, and positive impingement sign. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 2, 2015, revealed continued symptoms. Evaluation on February 16, 2015, revealed hearing difficulties, stress and depression. Evaluation on April 21, 2015, revealed continued pain as noted. Activity restrictions were continued and a urinary drug screen and surgical consultation of the shoulder were ordered and medications were requested. The patient has had history of muscle spasm. The medication list includes Flexeril and Norco. The patient has had X-ray and MRI of the left shoulder that revealed osteoarthritis. A recent urine drug screen test was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation <http://www.dot.gov/odapc/part40> Medical Review Officer's Manual, Swotinsky and Smith, 4th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines Drug testing Page(s): 43.

Decision rationale: Request: Random urine drug screen. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment." Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. As per records provided medication lists includes Norco. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for Random urine drug screen is medically appropriate and necessary in this patient.

Fexmid 7.5mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Fexmid 7.5mg #60. According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients." The injured worker was diagnosed as having status post multiple shoulder surgeries including a humeral resurfacing procedure, progressive glenoid arthritis and left early osteoarthritis of the glenohumeral joint and acromioclavicular joint. Currently, the injured worker complains of right shoulder pain radiating to the right upper extremity, left shoulder pain with associated

popping, grinding and difficulty with overhead activity and low back pain. Physical examination of the bilateral shoulder revealed tenderness on palpation. Limited range of motion, and positive impingement sign. Evaluation on February 16, 2015, revealed hearing difficulties, stress and depression. Evaluation on April 21, 2015, revealed continued pain as noted. The patient has had history of muscle spasms. The patient has had X-ray and MRI of the left shoulder that revealed osteoarthritis. The patient has evidence of muscle spasms on objective examination. The pt also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore, the request for Fexmid 7.5mg #60 is medically necessary and appropriate for prn use during exacerbations.

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80, Criteria For Use Of Opioids, Therapeutic Trial of Opioids.

Decision rationale: Norco 5/325mg #60. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regard to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. The level of pain control with lower potency opioids like Tramadol and other non opioid medications, without the use of Norco, was not specified in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. Norco 5/325mg #60 is not medically necessary for this patient.