

Case Number:	CM14-0142341		
Date Assigned:	09/10/2014	Date of Injury:	01/13/2011
Decision Date:	10/06/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 38-year-old female with a 1/13/11 date of injury, and L4-5 posterior spinal fusion with decompression on 7/23/13. At the time (7/28/14) of request for authorization for Norco 10/325mg #60, Range of motion, Urine toxicology test to include a 10 panel random urine drug screen for qualitative analysis, and Follow up times one office visit, there is documentation of subjective (right shoulder pain) and objective (decreased shoulder range of motion with pain) findings, current diagnoses (shoulder internal derangement), and treatment to date (medications (including Anaprox, Prilosec, Naproxen, and Tramadol)). Regarding Norco, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding urine toxicology screen, there is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of a diagnosis of shoulder internal derangement. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #60 is not medically necessary.

Range of motion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Computerized range of motion (ROM)/Flexibility

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address the issue. Official Disability Guidelines (ODG) identifies that computerized range of motion (ROM)/flexibility is not recommended as primary criteria and that the relation between back range of motion measures and functional ability is weak or nonexistent. Therefore, based on guidelines and a review of the evidence, the request for Range of motion is not medically necessary.

Urine toxicology test to include a 10 panel random urine drug screen for qualitative analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Official Disability Guidelines (ODG) supports urine drug testing within six months of initiation of opioid therapy and on a

yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of a diagnosis of shoulder internal derangement. In addition there is documentation of ongoing treatment of opioids. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Urine toxicology test to include a 10 panel random urine drug screen for qualitative analysis is not medically necessary.

Follow up x 1 office visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127; Official Disability Guidelines (ODG) Pain Chapter, Office visits

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. Official Disability Guidelines (ODG) identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of a diagnosis of shoulder internal derangement. However, there is no documentation of a rationale identifying the medical necessity of the requested follow-up. Therefore, based on guidelines and a review of the evidence, the request for Follow up times one office visit is not medically necessary.