

Case Number:	CM14-0149293		
Date Assigned:	09/18/2014	Date of Injury:	04/01/2013
Decision Date:	10/23/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation 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:

This is a 40 year old female with a 4/1/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/25/14 noted subjective complaints of left shoulder pain. Objective findings included left shoulder AC joint tenderness. It is noted that the patient just underwent left sided shoulder surgery 6/26/14, and that Norco is helping with her pain. A 6/9/14 UDS detected no drugs and no narcotics were reported to be prescribed at that time. From a review of reports, it appears the patient is seen by the treating provider at least once a month. Diagnostic Impression: s/p left shoulder surgery, cervical strain, lumbar strain Treatment to Date: shoulder surgery, medication management, physical therapy A UR decision dated 8/12/14 denied the request for urine drug test. The patient had a previous urine drug screen on 3/11/14 and was prescribed a urine screen on the 6/9/14 report. There was no indication for a repeat screen to be performed at such a short interval. It also denied Prilosec 20 mg #30 one refill. Although the patient reported stomach upset with the use of Voltaren, the 7/24/14 report noted that this medication be discontinued. Since the patient will no longer be taking Voltaren, Prilosec does not appear indicated. It also modified Norco 5 mg #60 with 1 refill, certifying Norco 5 mg #60 with 0 refills. Since the patient has had recent surgery and is beginning therapy, continuation of Norco is appropriate for pain management although without refill for medication monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug test: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing Page 43, Urine Testing In Ongoing Opiate Management page 78, page 43, 78. Page(s):.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, there was already a UDS dated 6/9/14 which was negative for controlled substances. There is no mention of concern for abuse or aberrant behavior. There is no rationale for a repeat UDS in such a short interval. Therefore, the request for one urine drug test is not medically necessary.

One prescription of Prilosec 20mg #30 one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter FDA (Prilosec)

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of persistent gastrointestinal complaints or chronic NSAID use. Therefore, the request for Prilosec 20mg #30 one refill is not medically necessary.

One prescription of Norco 5mg #60 with one refill: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects. However, this medication appears to be prescribed for postoperative use after her recent shoulder surgery on 6/26/14. While it is documented that Norco is helping with the patient's pain, its use should be limited to the shortest course possible. It is unclear why a 2 month supply would be necessary, especially when the patient is re-evaluated by the provider at least once a month. Therefore, the request for Norco 5 mg #60 with one refill is not medically necessary.