

Case Number:	CM13-0016205		
Date Assigned:	11/06/2013	Date of Injury:	08/27/2003
Decision Date:	05/07/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 47-year-old male who reported an injury on August 27, 2003. The mechanism of injury was not provided. Current diagnoses include cervical degenerative disc disease, status post cervical discectomy and fusion in 2004, cervical radiculopathy, lumbar sprain and strain, lumbar radiculopathy, headaches, chronic pain syndrome, and depression. The injured worker was evaluated on July 10, 2013. The injured worker reported symptomatic neck pain with radiation into the upper back, as well as headaches. Current medications include Opana ER, Norco 10/325mg, Cymbalta, Zolpidem, Ondansetron, Trazodone, Valium, Sumavel injections, and Maxalt. The injured worker reported 8/10 pain with medication. Physical examination revealed limited cervical range of motion, 5/5 motor strength in all upper extremity major muscle groups, and intact sensation. Treatment recommendations included continuation of current medication, as well as a random urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 10, 32, 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state that drug testing is recommended as an option to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the date of injury was greater than 10 years ago and there is no indication of non-compliance or misuse of medication. There was also no indication that this injured worker falls under a high-risk category that would frequent monitoring. Based on the clinical information received, the request is non-certified.

OPANA ER 40MG #90: 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): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no evidence of objective functional improvement as result of the ongoing use of this medication. The injured worker continues to report persistent pain, rated 8/10 with medications. Satisfactory response to treatment has not been indicated. Based on the clinical information received, the request is non-certified.

MAXALT MLT 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (trauma, headaches, ect., not including stress & mental disorders).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: The California MTUS/ACOEM Practice Guidelines did not specifically address the requested medication. The Official Disability Guidelines state triptans are recommended for migraine sufferers. The difference among them is, in general, relatively small, but clinically relevant for individual patients. There is no documentation of objective functional improvement as result of the ongoing use of this medication. There is also no frequency listed in the current request. Therefore, the request is non-certified.

TEN (10) SUMAVEL INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (trauma, headaches, ect., not including stress & mental disorders).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: The California MTUS/ACOEM Practice Guidelines did not specifically address the requested medication. The Official Disability Guidelines state triptans are recommended for migraine sufferers. The difference among them is, in general, relatively small, but clinically relevant for individual patients. There is no documentation of objective functional improvement as result of the ongoing use of this medication. There is also no frequency listed in the current request. Therefore, the request is non-certified.