

Case Number:	CM13-0019285		
Date Assigned:	11/08/2013	Date of Injury:	01/07/2009
Decision Date:	03/26/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 physician 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 patient is a 42-year-old female who reported an injury on 01/07/2009. The mechanism of injury was not submitted. The patient was diagnosed with status post anterior cervical discectomy and fusion at C5-6, status post L4-S1 laminectomy and fusion, L5-S1 disc herniation with chronic radiculopathy and degenerative disc disease at L2-S1. The patient continued to complain of posterior neck pain which had not improved. The patient also complained of low back pain that is also unchanged from the previous visit. The patient also had numbness and tingling in the right lower extremity. The patient had been taking Norco and Ultram 3 times a day. The physical examination revealed tenderness to palpation at the midline cervical spine, bilateral paracervical upper trapezius muscle tenderness to palpation with moderate spasm. The patient had limited range of motion. The patient also had tenderness to palpation at the lumbar spine with spasm. The patient also had decreased range of motion with the lumbar spine. The patient was recommended continuation of medication and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for Norco 10/325 mg #60 with a date of service of 7/16/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid and On-Going Management Page(s): 78.

Decision rationale: The California MTUS states 4 domains have been purposed as most relevant for ongoing monitoring of chronic pain patients on opiates: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. The patient continued to complain of neck pain and low back pain. However, the clinical documentation submitted for review does not show a decrease in the patient's pain or increase in the patient's function level.

retrospective request for one (1) urine drug screen with a date of service of 7/16/2013:
Upheld

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

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

Decision rationale: The California MTUS states drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines go on to state urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and to uncover diversion of prescribed substances. The guidelines also state frequency of urine drug testing should be based on documented evidence of risk stratification, including use of a testing instrument. The patient complained of low back and neck pain. However, the clinical documentation submitted for review does not show evidence of non-adherent behavior. Also, it is unclear when the previous urine drug screen took place as the guidelines recommend urine drug screens every six months to a year for patients with non-at risk behaviors.