

Case Number:	CM13-0032550		
Date Assigned:	12/11/2013	Date of Injury:	04/26/2008
Decision Date:	02/11/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/07/2013

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 Family 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 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:

This injured worker's date of injury was 04/26/'08. In [REDACTED] note dated 08/26/'13, the patient has chronic neck pain, pain in both upper extremities, and left wrist pain. The patient had tenderness on palpation of the cervical spine processes and paraspinal muscles. A cervical MRI dated 10/08/'13 shows postsurgical changes with an anterior fusion at C5-C6. There is no central canal narrowing. Her diagnoses include: cervical discopathy, carpal tunnel syndrome, s/p anterior cervical discectomy.

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 Opioids- on going treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 79.

Decision rationale: This patient has chronic pain involving the cervical spine area, the upper extremities, and the wrist. Norco is a combination tablet with acetaminophen and hydrocodone, an opioid. Opioid therapy must be monitored, as side effects (eg. hyperalgesia), drug dependence, and drug tolerance develop frequently. Clinical record keeping ought to include

evaluation of the degree of pain relief, any side effects, functioning (physical and psychosocial), and any aberrant drug-related behaviors. Based on the clinical documentation provided, these criteria are not met. The request for Norco is non-certified.

Tramadol ER 150mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 79.

Decision rationale: This patient has chronic pain involving the cervical spine area, the upper extremities, and the wrist. Tramadol is an opioid. Opioid therapy must be monitored, as side effects (eg. hyperalgesia), drug dependence, and drug tolerance develop frequently. Clinical record keeping ought to include evaluation of the degree of pain relief, any side effects, functioning (physical and psychosocial), and any aberrant drug-related behaviors. Based on the clinical documentation provided, these criteria are not met. The request for Tramadol ER is non-certified.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests) Page(s): 90-91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 79.

Decision rationale: Urine sampling for drug screening does play a role in the management of patients on long-term opioid therapy; however, this is limited to those patients who have issues with drug abuse, drug addiction, or who are suspected of drug diversion or who may be obtaining drugs from more than one practitioner. Based on the documentation presented, these criteria are not met. The request for urine for drug screen testing is non-certified.