

Case Number:	CM13-0041564		
Date Assigned:	03/26/2014	Date of Injury:	06/27/2007
Decision Date:	06/13/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

The patient is a 54-year-old injured worker with date of injury June 27, 2007 with related neck pain that radiates to the bilateral upper extremities, as well as lower back pain, left hip pain, left thigh, knee, and ankle pain. Per September 14, 2013 progress report, she also had associated sensations of pins and needles into both upper extremities. Physical exam revealed guarding of the muscles of the cervical spine and trapezial muscles bilaterally, with areas marked spasm. There was tenderness along the midline, trapezial muscles and paravertebral muscles, bilaterally. There was pain on resistive shrugging of the shoulders. Active range of motion of the cervical spine elicited complaints of 2+ neck pain during all rangers of motion. MRI of the lumbar spine dated December 2, 2009 revealed a left foraminal disc protrusion with abutment of the exiting left L4 nerve root at L4-L5; a left foraminal disc protrusion with abutment of the exiting left L3 nerve root at L3-L4; multilevel facet arthropathy. MRI of the cervical spine dated December 17, 2012 revealed a 2mm central disc protrusion with mild central canal stenosis and a mild ventral impression upon the cord at both C3-C4 and C4-C5 levels; a 2.5mm central to left foraminal disc extrusion with minimal superior and inferior extension of disc, mild left ventral impression upon the cord with mild central canal stenosis, moderate left foraminal stenosis without definite nerve root impingement at C5-C6; a 3.5mm central disc protrusion with 5mm superior and 2mm inferior extension of disc, ventral impression upon the cord and mild central canal stenosis at T1-T2. She has been treated with chiropractic therapy, physical therapy, and medication management. The date of UR decision was October 15, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERIODIC UA TOXICOLOGICAL EVALUATIONS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

Decision rationale: MTUS CPMTG cites frequent random urine toxicology screens as a step to avoid misuse of opioids, in particular, for those at high risk of abuse. Review of the submitted documentation revealed that the injured worker's medication regimen contained Tramadol. I respectfully disagree with the UR physician's assertion that Tramadol is not a controlled medication. While the regulations are different for Tramadol in some states, the federal DEA regulations are what apply. The request for periodic toxicological evaluations is medically necessary and appropriate.