

Case Number:	CM13-0046681		
Date Assigned:	12/27/2013	Date of Injury:	09/19/2008
Decision Date:	04/30/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/11/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 57-year-old male with date of injury of 09/18/2008. Per treater's report on 10/21/2013, this patient has listed diagnoses of cervical disk degeneration, cervical disk displacement. The treating physician's reports are handwritten and they are illegible. However, this report states "request toxicology second request". I am able to make out medication Norco 10/325 #60, gabapentin, pain extending left upper extremity at 5/10 to 8/10 managed with medications, follow-up with Dr. someone pending. It also mentions "healed surgery incision". Treater's report on 11/11/2013 is also handwritten and states "history of MI on 09/25/2011". This report has neck pain at 6/10 to 7/10. Report by [REDACTED] on 11/01/2013 is typed. Presenting symptoms are constant neck pain that radiates into the bilateral shoulders down the left arm into the mid back. Listed diagnoses include anterior 3 levels of cervical fusion from C4 to C7, cervical spondylosis, history of myocardial infarction, mild spasm with myofascial trigger points, bilateral occipital neuralgia with cervicogenic headaches, chronic pain secondary to trauma, anticoagulant therapy with Plavix and aspirin, complex pharmacological management of diabetes, hypertension, pain, and anticoagulation. This report has a section under opioid/opiate assessment discussing opioid medications that were reviewed. Under interim history, it states "patient is taking Norco for breakthrough pain and gabapentin for neuropathic pain".

IMR ISSUES, DECISIONS AND RATIONALES

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

DRUG SCREENING: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid opioid misuse Page(s): 94-95.

Decision rationale: This patient presents with chronic neck pain primarily with history of multilevel cervical fusion. There is a request for urine toxicology. Included in the file are 185 pages of reports from [REDACTED] and [REDACTED]. [REDACTED] reports are all handwritten and illegible. [REDACTED] reports are more informative. Review of the reports show that the patient is taking Norco apparently about #60 per month. None of the reports describe urine toxicology other than handwritten request for a second request on 10/21/2013. There were no urine drug screen reports included in the file. MTUS Guidelines do recommend urine toxicology for management of chronic opiate use. In this case, reports show that the patient has been on Norco for his chronic pain. I did not see that this patient has had urine toxicology. Given the MTUS support for urine toxicology to help manage chronic opiate use, recommendation is for authorization