MAXIMUS Federal Services

Case Number:	CM14-0018497		
Date Assigned:	04/18/2014	Date of Injury:	06/26/2010
Decision Date:	07/02/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/13/2014

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 Occupational 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 41 year old male who was injured on 06/26/2010 while he was operating a motorized pallet jack which was loaded. As he moved the load down the aisle, it caught on one of the racks and caused the load to fall landing on his neck, back and shoulder. prior treatment history has included 6 sessions of acupuncture, sessions of physical therapy, aquatic therapy, epidural steroid injections, trigger point injections and occipital nerve block. The patient's medications as 01/14/2014 include topirimate, tramadol, mirtazapine, fluoxetine and Naprosyn; as 12/09/2013 include Naproxen, topirimate, tramadol, mirtazapine; as of 11/11/2013 include (VAS without medications is 6-8/10) is fluoxetine, topirimate, and Naproxen; and as of 09/16/2013 include tramadol, mirtazapine, fluoxetine and topirimate. Diagnostic studies reviewed included MRI of the brain dated 03/30/2011 is unremarkable. MRI of lumbar spine dated 04/08/2011 shows a posterior disc bulge of 2-3mm at L4-S1. MRI of the cervical spine dated 04/08/2011 show disc bulge of 3 mm at C4-C5, C5-C6, and C6-C7. CT scan of lumbar spine dated 06/26/2010 demonstrates no evidence of fracture or subluxation, mild disc bulge. There is no significant spinal stenosis. Urine drug screen dated 07/22/2013 confirms Tramadol, hydrocodone, O-dis-methyl-sis Tramadol were detected .Urine drug screen dated 11/11/2013 reveals negative results. Progress report of primary care physician dated 12/09/2013 indicates the patient presents with complaints of headaches that occur almost every day but they have been less intense after receiving the occipital nerve blocks. He has constant neck and upper back pain that range from 6-8/10 without medications and notes that he has not been getting any relief from pain with his medications. He has side-effects of nausea and dizziness with his medications. His pain and discomfort is severely impacting his general activity and enjoyment of life, his ability to to concentrate and interact with other people. He rated his depression currently as 7/10. He reports he still has difficulty sleeping and he is not working at this time. On exam, ranges of

motion of the cervical and thoracic spine are moderately restricted in all planes. There are multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal trapezius, levator scapular, scalene, infraspinatus, interscapular, and thoracic paraspinal musculature. He could not perform tandem gait well with his eyes closed closed. Romberg is positive. He also could not perform heel-toe gait well. Sensation to fine touch and pinprick is decreased in the occipital area, as well as on the bottom of both of his feet. Grip strength of the left hand is decreased; Left triceps jerk is absent. The assessment is posttraumatic headache with dizziness and cognitive dysfunction, posttraumatic occipital neuralgia, chronic myofascial pain syndrome, cervical and thoracolumbar spine, moderate bilateral carpal tunnel syndrome due to continuous trauma, and sprain injury of the left shoulder. The patient is instructed to do home muscle stretching exercises, swimming pool exercises on a daily basis has been recommended and requested, deep breathing type meditation and follow-up in 6 weeks' time.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE QUANTITATIVE CHROMATOGRAPHY TEST DOS: 11/25/13: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment For Workers' Compensation, Online Edition, Pain Chapter, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: As per CA MTUS guidelines and ODG, Confirmatory Testing is recommended for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. The medical records document the patient was diagnosed with posttraumatic headache, with dizziness and cognitive dysfunction, posttraumatic occipital neuralgia, chronic myofascial pain syndrome, moderate bilateral carpal tunnel syndrome, and sprain injury of left shoulder. Urine drug screen performed 11/11/13 was negative for all substances tested including medications the patient is prescribed, fluoxetine and Tramadol. Confirmatory testing is recommended in this setting and is medically necessary and appropriate.