

Case Number:	CM14-0133418		
Date Assigned:	09/18/2014	Date of Injury:	02/14/2011
Decision Date:	10/16/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/20/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 injured worker is a 57-year-old who reported an injury on 02/14/2011. The patient has the diagnoses of musculoligamentous sprain/strain of the cervical spine, HNP C4/5 with myelopradiculopathy status post anterior cervical discectomy and fusion, lumbosacral strain and NFM L5/S1. Past treatment modalities have included the cervical surgery in 3.21.2013 as well as physical therapy. Per the most recent progress notes provided by the primary treating physician dated 07/31/2014, the patient had complaints of severe and intolerable pain and numbness and tingling in the legs. The physical exam noted numbness and weakness on the right at the L5 and S1 dermatomes and a positive straight leg raise test on the right. The cervical spine range of motion was decreased about 10% and there was lumbosacral tenderness to palpation and decreased lumbar range of motion by 60%. The treatment plan recommendations included refill on pain medications and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 78-84.

Decision rationale: The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids when there are issues of abuse, addiction or poor pain control. There are no indications of any of these issues in the progress reports provided. In addition, the most recent progress reports states the patient is not taking any opioids due to previous utilization review denials. Previous urine drug screens have also been negative even for the prescribed narcotic. For these reasons, this request is not medically necessary.

Retrospective: Norco 2.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 78-84.

Decision rationale: The long-term use of this medication is not recommended unless certain objective outcome measures have been met as defined by the MTUS guidelines. The patient does report decreased pain while on the medication but still has significant pain as a whole while on the medication. There is no provided objective outcome measure that shows significant improvement in function while on the medication or a return to work. There is no evidence of failure of other conservative treatment modalities and other first line choices for chronic pain. For these reasons, criteria for ongoing and continued use of the medication have not been met. Therefore, the request is not medically necessary.