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| Case Number: | CM14-0020067 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 04/01/1994 |
| Decision Date: | 07/07/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 02/18/2014 |

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 Orthopedic Surgery, 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 injured worker is a 58 year old male with date of injury as April 1, 1994. The current diagnosis is cervical disc displacement (722.0). These records also reflect that the injured employee is being treated for low back pain, lumbar post laminectomy syndrome, fibromyalgia, post laminectomy syndrome for the cervical spine, brachial neuritis, and several other maladies. A recent electrodiagnostic assessment noted a chronic lumbar (L5/S1) radiculopathy. A Sentinel Patch is also being employed to address the pain complaints. The pain level is noted to be 10/10. There was noted muscle spasm and tenderness to palpation in the cervical and lumbar spine. Motor and sensory function relative to the cervical spine are noted to be intact. A 50% pain relief with the use of medications is noted (however which medications are not specified). The records reflect that a weaning protocol for the requested medication (Roxicodone) is being undertaken. The December 2013 progress note identified chronic pain involving the neck, suboccipital region, mid back and low back. The medications have been stable for years and the Fentanyl Patch continues to be helpful. Subjective functional gains are reported without any clinical support. Cervical motor function was noted to be 5/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ROXICODONE 15MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The records reflect a weaning protocol is in place for this medication. Furthermore, there is no indication of any significant efficacy, utility, objectified improvement in function, allowance for a return to work or pain relief with use of this medication. In addition, transdermal Fentanyl (Duragesic) is being employed to address the pain complaints. As such, when noting the totality of these clinical indicators, this is not supported. The requested service is not medically necessary.

ONE URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

Decision rationale: When noting the medications being employed, the length of time these medications are employed, and the previous urine drug screening, there is an indication for periodic processes. However, this request was utilized more than twice a year and therefore is not clinically supported at this time. There does not appear to be any indication of issues, abuse, or drug diversion. As such, semiannual at most urine drug screens would be supported. This request is excessive and not recommended and therefore is not medically necessary.