

Case Number:	CM14-0038158		
Date Assigned:	06/25/2014	Date of Injury:	11/14/2011
Decision Date:	08/20/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 47 year old male who was injured on 11/14/2011. The diagnoses are low back pain and neck pain. The MRI showed degenerative disc disease of the cervical spine and multilevel disc bulges with neural foraminal stenosis of the lumbar spine. On 2/24/2014, [REDACTED] documented subjective complaints of low back pain radiating to the lower extremities with numbness. There were objective findings of tenderness in the paravertebral muscles with decreased sensation along bilateral L5-S1 nerve roots. The medications were Tramadol and Naprosyn for pain. The patient also received Tylenol #3 from the dentist in May 2014. There were UDS tests in December, 2013. The 6/3/2014 UDS was consistent with tramadol prescribed by [REDACTED]. A Utilization Review determination was rendered on 3/18/2014 recommending non certification for UDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System guidelines for Clinical Care: Managing Chronic Non-terminal Pain , Including Prescribing Controlled Substances (May 2009), pages 10, 32, 33, and California Chronic Pain Medical Treatment Guidelines, May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43,74-80.

Decision rationale: The CA MTUS addressed the monitoring measures that are necessary during chronic opioid treatment. The guidelines recommend that UDS be done at initiation of treatment, randomly at a frequency of 2 to 4 times per year and for 'cause' or red flag behaviors suggestive of abuse or misuse. The records indicate that the patient was tested at initiation of Tramadol upon transfer from care under [REDACTED] to [REDACTED]. The patient was tested for 'cause' for receiving prescriptions of Tylenol #3 from the dentist. The criteria for the use of UDS were met.