

Case Number:	CM14-0042666		
Date Assigned:	06/30/2014	Date of Injury:	08/09/2005
Decision Date:	11/14/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/09/2014

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 Internal 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 an injured worker with chronic cervical spine pain, status post C6-7 ACDF anterior cervical discectomy and fusion June 2012, and cervical radiculopathy. Date of injury was 08-09-2005. The patient has chronic cervical spine pain. She has had conservative medical management, including pain medications, rest, and a home exercise program. The Agreed Medical Evaluation (AME) report dated 3/11/14 documented psychosomatic and conversion disorder. It was noted that she was taking Oxycodone four 5 mg tablets a day. The progress report dated 1/28/14 documented request for psychiatry referral and internist referral. The request for authorization noted cervical condition, depression, and constipation. The progress report dated 2/7/14 documented the medications Oxycodone and Topamax. The patient was gastrointestinal issues. The progress report dated 2/7/14 documented the medication Cymbalta, Lidoderm patch, Oxycodone. Diagnoses included insomnia, constipation, and depression. The patient was gastrointestinal issues. The progress report dated 3/17/14 documented subjective complaints of neck pain radiating into the right arm. She underwent an epidural steroid injection. Physical examination documented normal gait and station, normal cervical lordosis, no tenderness, no pain, no spasm, flexion 60 degrees, extension 20 degrees, bilateral upper extremity strength 5/5. Diagnoses were cervical degenerative disc disease and cervical radiculopathy. Utilization review determination date was 3/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Panel urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use, Opioids, pain treatment agreement, Opioids, steps to av.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. Medical records document that the patient was prescribed the opioid Oxycodone. Oxycodone is a Schedule II controlled substance and is a potentially addictive opioid analgesic medication. Urine drug screen was requested. MTUS guidelines support the use of urine drug screen for patients prescribed opioids. Therefore, the request for Panel urine drug screen is medically necessary.

Referral to internal medicine specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation MTUS, ACOEM Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Medical records document that the patient has gastrointestinal issues and psychosocial factors. The patient has chronic cervical spine pain, status post C6-7 ACDF anterior cervical discectomy and fusion, and cervical radiculopathy. An

Agreed Medical Evaluation (AME) report dated 3/11/14 documented psychosomatic and conversion disorder. The progress report dated 1/28/14 documented a request for psychiatry referral and internist referral. The progress report dated 2/7/14 documented that the patient had gastrointestinal issues. The progress report dated 2/7/14 documented insomnia, constipation, depression, and gastrointestinal issues. The primary treating physician's specialty is anesthesiology and pain management. Medical records indicate that the diagnosis is complex, psychosocial factors are present, and the course of care may benefit from additional expertise. ACOEM and medical records support the request for an Internal Medicine referral. Therefore, the request for Referral to internal medicine specialist is medically necessary.