

Case Number:	CM15-0007374		
Date Assigned:	01/22/2015	Date of Injury:	09/07/1999
Decision Date:	03/16/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 47 year old female, who sustained a work related injury on 9/7/99. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, lumbar disc bulge, headaches, bilateral shoulder strain/sprain, cervical spine surgery. Treatments to date have included cervical spine surgery, oral pain medications, physical therapy, and chiropractic treatments. The injured worker complains of suboccipital headaches, constant pain in neck and lower back. She rates all pain a 6-8/10. She states pain is getting worse in all areas. Activity makes all pain worse. On 1/2/15, Utilization Review non-certified a request for retro narcotic risk test. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Narcotic Risk Test DOS: 11/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85-86. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment index, 11th Edition (web)2014, Pain, Opioids, screening tests for risk of addiction and misuse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence and addiction Page(s): 85-86.

Decision rationale: This 47 year old female has complained of low back pain, neck pain and shoulder pain since the date of injury 9/7/99. She has been treated with cervical spine surgery, physical therapy, chiropractic therapy and medications. The current request is for a retro narcotic risk test dos 11/19/2014. Per the MTUS guidelines cited above, the narcotic risk test requested is not recommended. On the basis of the available medical documentation and per the MTUS guidelines cited above, retro Narcotic Risk Test is not indicated as medically necessary.