

Case Number:	CM15-0201019		
Date Assigned:	11/10/2015	Date of Injury:	01/09/1999
Decision Date:	12/21/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/13/2015

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: Florida
 Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on January 9, 1999. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical strain status post cervical laminectomy times two and residual pain, cervical facet arthropathy C2 to C6 more on the right, cervicogenic headaches, lumbar disc disease with disc bulging, status post lumbar laminectomy, lumbar radiculopathy L5-S1 more on the left, bilateral lumbar facet hypertrophy and arthropathy L3-L4, L4-L5 and L5-S1 more on the right and sacroiliac joint arthropathy bilaterally. Treatment to date has included diagnostic studies, surgery, unsuccessful trial of spinal cord stimulator and medications. On September 8, 2015, the injured worker complained of severe low back pain, neck pain, lower extremity pain more to the left and bilateral shoulder pain. He was noted to have a history of chronic low back pain with failed back surgery syndrome, still being very symptomatic. The pain was noted to go to an 8-9 on a 1-10 pain scale. Tramadol takes the pain down to about a 6-7 on the pain scale. Oxycontin takes his pain down to about a 4-5 on the pain scale and allows him to be more able to perform activities of daily living and have a better quality of life. The treatment plan included refill of Gabapentin, Oxycontin, re-evaluation, epidural steroid injection and a repeat toxicology test. On October 3, 2015, utilization review denied a request for urine toxicology screen. A request for Gabapentin 300 was conditionally non-certified. A request for Oxycontin 20mg was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain chapter, Drug Testing, ODG 2015 online edition.

Decision rationale: The ODG states that individuals considered at low risk for aberrant behavior should be screened within 6 months of the initiation of therapy and then on a yearly basis thereafter. This patient is considered to be low risk for aberrant behavior. He has also already had one drug screen. An additional test is not medically necessary.