

Case Number:	CM15-0212975		
Date Assigned:	11/02/2015	Date of Injury:	02/07/2013
Decision Date:	12/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/28/2015

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 45 year old female, who sustained an industrial injury on 02-07-2013. A review of the medical records indicates that the worker is undergoing treatment for cervical degenerative disc disease, bilateral upper extremity radicular symptoms, status post cervical anterior discectomy and fusion and possible thoracic facet injury versus disc disease. Treatment has included Norco, surgery, physical therapy and a home exercise program. The worker underwent cervical anterior discectomy and fusion at C6-C7 on 05-12-2015. Subjective complaints on 07-06-2015 and 08-06-2015 included neck, right upper back, right shoulder and bilateral upper extremity pain with numbness, tingling and weakness that was rated 10 out of 10 with 40-50% reduction of pain following the use of Norco. Objective findings showed tenderness of the paracervicals and trapezius, pain with range of motion of the cervical spine, diminished triceps reflexes, decreased sensation of C6 in the radial forearm, thumb and index finger and C7 decreased sensation of the middle finger, facet tenderness from T4-T6 and pain with axial loading to the right while in extension. The plan of care included continued pain medication, physical therapy a home exercise program. Subjective complaints (09-03-2015) included significant pain in the back and shoulder blade along with some continued numbness, tingling and pain down the left upper extremity that was noted to have improved. Objective findings (09-03-2015) included significant tenderness in the mid thoracic region with palpable muscle spasms, painful range of motion, decreased range of motion of the cervical spine and numbness and tingling in the right C6 distribution involving the first 2 digits. The physician noted that the worker was recovering well from recent neck surgery but still had symptoms of numbness and tingling in the upper extremities and weakness in the left upper extremity. The plan was to obtain MRI of the thoracic spine. The worker was noted to be actively taking Norco and a urine drug screen as part of pain

management agreement along with request for reevaluation with pain management was submitted. Urine drug screen was negative for all substances tested. As per the physician, quantitative drug screen was requested to confirm results of initial test. A utilization review dated 10-01-2015 non-certified a request for outpatient random routine drug screen and modified a request for re-evaluation with pain management every ninety days to certification of re-evaluation with pain management every ninety days x 3 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random Routine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Chronic Pain, Drug Testing. ODG 2015 Online Edition.

Decision rationale: The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. No aberrant behavior is suspected in the records provided. 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. Likewise, this request for drug testing is not medically necessary.

Reevaluation with pain management every ninety days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online 2015, Chronic pain, Office visits.

Decision rationale: The ODG does support follow up office visits as determined to be medically necessary. However, in this case there is no reasonable rationale provided to grant unlimited follow up office visits with pain management every ninety days when it is not known for how long this patient will require opioid medications. This request is not medically necessary.