

Case Number:	CM15-0214910		
Date Assigned:	11/04/2015	Date of Injury:	09/17/2009
Decision Date:	12/21/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/02/2015

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: California

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:

This 52 year old woman sustained an industrial injury on 9-17-2009. Diagnoses include rule out cervical, thoracic, and lumbar herniated nucleus pulposus, and cervical and lumbar radiculopathy. Treatment has included oral and topical medications including Norco, Advil, Relafen, Flexeril, Gabapentin cream, and Omeprazole, chiropractic care, and cervical epidural steroid injections. Physician notes dated 9-14-2015 show complaints of neck pain with right upper extremity symptoms and subsequent difficulties sleeping as well as left hip pain rated 7 out of 10 with radiation to the groin and aching in the bilateral knees. The worker rates her pain 8 out of 10 without medications and 0-1 out of 10 with medications. The physical examination shows tenderness to palpation of the cervical, thoracic, and lumbar spine with decreased range of motion throughout. The upper extremity sensation is decreased on the left C6, C7, and C8 dermatomes, and lower extremity sensation is decrease3d in the L3, L4, L5, and S1 dermatomes. Recommendations include Venlafaxine, Nabumetone, Omeprazole, Gabapentin cream, orthopedic follow up, chiropractic rehabilitative therapy, MRIs of the cervical, thoracic, and lumbar spine regions, medication panel, and follow up in 12 weeks. Utilization Review denied a request for 10-5-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) medication panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction.

Decision rationale: This patient receives treatment for chronic pain involving the neck, thoracic spine, and lumbar spinal regions. This relates back to an industrial injury dated 09/17/2009. The patient has become opioid dependent. Other medications prescribed include ibuprofen, Relafen, Flexeril, and omeprazole. The patient reports pain levels of 8/10 without medications and 0-1/10 with medications. On examination there is decreased ROM of the spine and tenderness on palpation of the spine. This review addresses a request for "medication panel." A urine or serum drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. In addition, regarding this case, the documentation does not make clear what the treating physician means by "medication panel." Because this term is ill defined in the documentation and the facts of the case do not warrant drug screening, a "medication panel" is not medically necessary.