

Case Number:	CM15-0088585		
Date Assigned:	05/12/2015	Date of Injury:	09/07/2012
Decision Date:	06/15/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/08/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 61 year old male with an industrial injury dated 9/07/2012. The injured worker's diagnoses include myofascial pain syndrome/piriformis syndrome, degeneration of cervical intervertebral disc and cervical spondylosis without myelopathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/15/2015, the injured worker reported neck pain radiating to the right shoulder, right arm, forearm and fingers. Objective findings revealed well developed, well-nourished male in no apparent distress. The treating physician reported that the injured worker has been stable on current medication regimen and has been able to function with activities of daily living. The treatment plan consisted of medication management. The treating physician prescribed services for random quarterly urine toxicology screening and Norco 10-325mg #90, 30 days now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random quarterly urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for urine drug testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug test.

Decision rationale: The patient is a 61 year old male with an injury on 09/07/2012. He has chronic neck pain and chronic right upper extremity pain. ODG do not recommend quarterly urine drug testing. There is no documentation of abnormal drug seeking behavior or drug abuse. "Relatively weak evidence supports the effectiveness of opioid treatment agreements and urine drug testing in reducing opioid misuse by patients with chronic pain. Therefore, this request is not medically necessary.

Norco 10-325mg #90, 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 and 79.

Decision rationale: The patient is a 61 year old male with an injury on 09/07/2012. He has chronic neck pain and chronic right upper extremity pain. MTUS, chronic pain guidelines page 78 - 79 for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria; therefore, this request is not medically necessary.