

Case Number:	CM15-0010332		
Date Assigned:	01/27/2015	Date of Injury:	09/07/2009
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/19/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old female who reported an injury on 09/07/2009 due to an unspecified mechanism of injury. On 12/26/2014, she presented for a followup evaluation. She reported low back pain and bilateral neck pain rated at a 7/10. Her medications included Norco 10/325 mg 3 times a day, MS Contin 15 mg 2 times a day, Neurontin 600 mg 3 times a day, tramadol ER 150 mg 2 times a day, and Wellbutrin 150 mg 2 times a day. A physical examination showed that she had restricted range of motion in the lumbar and cervical spine with no evidence of functional deficits. Cervical spine and lumbar spine special maneuvers were all negative. The neurological exam and muscle strength were intact. She was diagnosed with bilateral lumbar facet joint pain, lumbar facet joint arthropathy, chronic low back pain, chronic neck pain, cervical facet joint pain, cervical facet joint arthropathy, left shoulder pain, and depression. The treatment plan was for a prescription of MS Contin 15 mg #60 and a request was made regarding the retrospective urine drug screen performed on 12/26/2014. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of MS Contin 15mg, #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be taking MS Contin for pain. However, there is a lack of documentation showing that she has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Retrospective: One 12 panel urine drug panel (DOS: 12/26/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, abuse). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Urine drug testing (UDT)

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

Decision rationale: The California MTUS Guidelines state that urine drug screens should be performed for those with issues of abuse, addiction, and poor pain control. There is a lack of documentation showing that the injured worker was at risk for abuse or misusing her medications to support the requested 12 panel urine drug screen that was performed on 12/26/2014. However, confirmatory testing would not be supported without documentation that the injured worker had an inappropriate point of contact test. Therefore, the request is not supported. As such, the request is not medically necessary.