MAXIMUS Federal Services

Case Number:	CM13-0004836		
Date Assigned:	12/04/2013	Date of Injury:	09/06/2006
Decision Date:	02/28/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64 year old female with multiple complex pain issues related to a work accident on 9/6/2006. She tripped at work and landed on her knees suffering knee pain and swelling and later infection. Since that time she had seen multiple providers for evaluation and treatment of knee and back pain. She also has extensive venous stasis disease in the lower extremities. In the past eight months she has been seen by [redacted], a pain specialist, for chronic back and knee pain. She has been treated with Percocet, epidural steroid injection, Neurontin, and Robaxin. She had a urine drug screen on 6/10/13 in which codeine and morphine were detected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random Urine Drug Screens- x 4 Total Yearly: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 43.

Decision rationale: MTUS, Chronic Pain Chapter page 43, Drug testing recommends drug screen for issues of abuse, addiction or poor pain control. Frequent random urine toxicology screens and recommended to avoid misuse/addiction. This patient has multiple medical problems

including morbid obesity and complex chronic pain for the past eight years and has prescribed narcotic use for much of this time. Although there appears to be no documentation of drug abuse, addiction or diversion, there is considerable documentation of poor pain control. Considering her overall health, chronic pain and long-time use of prescribed narcotics there is potential for addiction and abuse. Random drug screening is an additional tool in the management of this patient.