

Case Number:	CM13-0044213		
Date Assigned:	12/27/2013	Date of Injury:	12/03/2010
Decision Date:	08/04/2014	UR Denial Date:	09/29/2013
Priority:	Standard	Application Received:	10/28/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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:

This patient is 46 year old female, with a date of injury on 12/03/10. She has developed chronic right hip and low back pain. She is being treated for a chronic pain syndrome and is prescribed Norco up to 3/day, Flexeril 1/day and Ambien. She has been on these medications for several months. She continues to work and and is active in aquatic based therapy when it is available. There is no evidence of accelerating use, diversion or aberrant drug related behaviors. A urine drug screen was approved on 2/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Urine Screening Test DOS 09/06/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids chapter Page(s): 78.

Decision rationale: The MTUS Guidelines do not address the frequency of drug testing in any detail. The ODG have the most detailed recommendations regarding the reasonable frequency of drug testing. The guideline recommends stratification of risk and it appears that this patient would clearly qualify as low risk for misuse. For individuals with a low risk, testing frequency is

recommended a once per year. There are no unique circumstances that would lead to an exception to this recommendation. The prior drug screen was approved on 2/19/13 the repeat urine drug screen on 9/06/13 is not medically necessary.