MAXIMUS Federal Services

Case Number:	CM13-0059684		
Date Assigned:	12/30/2013	Date of Injury:	10/28/2010
Decision Date:	05/08/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal 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:

The patient is a 35-year-old male who was injured on 10/28/2010 when he was struck by a pipe that came up through the opening of the work floor striking him in the left thigh and knee. He carries a diagnosis of traumatic brain injury (TBI), depression, posttraumatic stress disorder (PTSD), left knee ACL tear, and cervical radiculopathy. Treatment history has included physical therapy (PT), cervical epidural steroid injection and cognitive behavioral therapy. He is also taking medications, including Celebrex, Tramadol and Ambien. According to the records, the patient has a history of multiple suicide attempts. The patient has a history of alcohol abuse, but a 12/3/13 not indicates that the patient denies current alcohol use. In terms of substance abuse, the records indicate that the applicant has a history of substance dependence including alcohol, marijuana and methamphetamines between the ages of 18 and 25. He recalled being treated with Norpramin and lithium as he was weaned from drugs. Toxicology Report dated 05/17/2012 was positive for benzodiazepine but negative for everything else including marijuana, opiates, and cocaine. According to the records, however, the patient was reported to be using "spice" in a [redacted] note. As of 11/12/2013, the patient was taking Ambien, Celebrex and Tramadol. This medication list was unchanged since the 09/13/2013 visit with the addition of Ambien. Urine toxicology screen from 11/13/13 was consistent with compliance and to drugs of abuse. Urine toxicology was requested to affirm compliance to use of dangerous medications on a long-term basis and/or to affirm the absence of other dangerous substances that may cause adverse interactions or outcomes or aggravate other mental conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT URINE DRUG SCREEN WITH CHROMATOGRAPHY FOR ALCOHOL, METHADONE, COCAINE, PHENCYCLIDINE, BARBITURATES, BENZODIAZEPINES, OPIATES AND AMPHETAMINES: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Guidelines

Decision rationale: Given the fact that the patient has an active psychiatric history including PTSD, depression and anxiety, in addition to polysubstance abuse in the past, he is high risk for substance abuse. Although the most recent toxicology screen provided in the records from 11/13/13 was negative for drugs of abuse, the patient still has the potential to use substances of abuse. According to the guidelines If the patient has a positive or "at risk" addiction screen on evaluation, including evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder, urine drug screen is indicated. Thus, the request is certified.