MAXIMUS Federal Services

Case Number:	CM13-0064831		
Date Assigned:	01/03/2014	Date of Injury:	07/21/2008
Decision Date:	04/01/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/12/2013

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 Family Practice 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 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 44 year old male claimant sustained a work injury on 1/21/08 resulting in lumbar spine radiculopathy. His pain has been managed with Robaxin, ketamine cream, Naprosyn, Hydrocodone/APAP, Thermacare Heat Wraps and Diclofenac cream. A urine drug screen was performed on 1/18/13 showed no opiates which was inconsistent with the medication hydrocodone prescribed. An examination on 6/18/13 indicated continued lumbosacral muscle pain and decreased motion. The above medications were continued. Another urine drug screen was performed on 6/19/13 which showed negative value for opiates which was inconsistent with the medication hydrocodone that the claimant had been taking.

IMR ISSUES, DECISIONS AND RATIONALES

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

A urine drug test performed on 6/18/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Drug Testing Page(s): 84.

Decision rationale: The California MTUS Guidelines recommend that, if there are active signs of misuse, these concerns should be addressed immediately with the patient. If there are active

signs of relapse to addiction, or new-onset addiction, these patients should be referred to an addictionologist immediately. It has been suggested that most chronic pain problems will not resolve while there is active and ongoing alcohol, illicit drug, or prescription drug abuse. In this case, the first urine drug screen in January was inconsistent with the medications. There was no documentation of addressing signs of misuse or irregular use for medications prescribed. It is therefore expected that continued misuse would occur. The urine drug screen on 6/18/13 was not medically necessary based on lack of documentation of handling prior inconsistent results.