

Case Number:	CM13-0071648		
Date Assigned:	01/08/2014	Date of Injury:	10/16/2007
Decision Date:	06/30/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/24/2013

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, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 injured worker is a 57-year-old woman with a date of injury of 10/16/2007. The utilization review by [REDACTED] dated 12/11/2013 identified the mechanism of injury as a fall over a hose resulting in trauma and chronic pain. [REDACTED] office visit notes dated 06/17/2013, 08/19/2013, 09/27/2013, and 11/18/2013 reported the worker had been experiencing significant lower back pain that went into the right leg. These notes recorded examinations that showed tenderness in the lower back, increased muscle tone concerning for muscle spasm, decreased motion in the lower back joints, and a positive straight leg raising test on the right side. Treatment reported by these notes included home exercises and medications including an opioid, acetaminophen, a muscle relaxant, and a topical pain medication. [REDACTED] office visit notes dated 09/27/2013 and 11/18/2013 indicated a urine sample was obtained for drug screening, although the testing results and interpretations were not submitted. In addition, the visit notes dated 06/17/2013, 08/19/2013, 09/27/2013, and 11/18/2013 did not discuss the interpretation of prior urine testing, a concern for possible abuse or addiction, or a consideration of changing the worker's treatment related to the testing. [REDACTED] report dated 04/05/2013 describing the results of urine testing performed on 04/01/2013 indicated that the worker was prescribed hydrocodone (an opioid medication) and that the urine testing showed the presence of cyclobenzaprine (a muscle relaxant), but there was no documentation of the significance of these results or if these results were expected. A Utilization Review decision was rendered on 12/11/2013 recommending non-certification for urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Part II - Pain Interventions and Treatments Page(s): 4.

Decision rationale: The MTUS Guidelines recommend the use of urinary drug screening as an option during opioid therapy to assess the use or presence of illegal drugs and with issues involving abuse, addiction, or poor pain control. While [REDACTED] office visit notes dated 09/27/2013 and 11/18/2013 indicated a urine sample was obtained for drug screening, the testing results and interpretation of those results were not submitted. In addition, the visit notes dated 06/17/2013, 08/19/2013, 09/27/2013, and 11/18/2013 did not discuss the interpretation of prior urine testing, a concern for possible abuse or addiction, or consideration of changing the worker's treatment related to the testing. [REDACTED] report dated 04/05/2013 describing the results of urine testing performed on 04/01/2013 did indicate that the worker was prescribed hydrocodone (an opioid medication) and that the urine testing showed the presence of cyclobenzaprine (a muscle relaxant), but there was no documentation of the significance of these results, if the hydrocodone was also present, if the cyclobenzaprine was a prescribed medication at that time, or if these results were expected. Further, according to the utilization review by [REDACTED] dated 12/11/2013, a prior utilization review decision by [REDACTED] dated 11/22/2013 found continued opioid treatment was not medically necessary. In the absence of supporting documentation and the planned cessation of opioid treatment, the current request for a urinalysis is not medically necessary.