MAXIMUS Federal Services

Case Number:	CM13-0072093		
Date Assigned:	02/12/2014	Date of Injury:	07/15/2011
Decision Date:	07/09/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical medicine and rehabilitation, and is licensed to practice in Minnesota. 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 49-year-old with an injury reported on July 15, 2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated February 12, 2014, reported that the injured worker complained of back pain that radiated to her bilateral hips. The sensory examination revealed the lumbosacral spine positive hypersensitivity to light touch. The injured worker's prescribed medication list included Percocet, Topamax, and Pamelor. The injured worker's diagnoses included lumbar sprain, chronic pain syndrome, lumbosacral degenerative disc disease, and opiate dependency. The clinical note dated December 20, 2013, revealed the injured worker had an inconsistent urine drug screening. It was reported the injured worker tested positive for both hydrocodone and oxycodone. It was noted the injured worker had been prescribed Percocet at that time, and had a previous prescription of Norco. It was noted that the injured worker had a repeat urine drug screen on November 14, 2012 and was found to be consistent with the prescribed medication list. It was also noted that the injured worker had an additional urine drug screen on December 13, 2013, which was consistent with prescribed medication. The provider requested a urine drug screen for medication compliance. The request for authorization date was not submitted. The injured worker's prior treatments included cognitive behavioral training for chronic pain, aquatic therapy, and psychiatric sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SCREENING FOR RISK OF ADDICTION.

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

Decision rationale: The injured worker complained of back pain with radiation to bilateral hips. The treating physician's rationale for a urine drug screen is for medication compliance. The Chronic Pain Medical Treatment Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. The injured worker had an initial drug screening on October 31, 2013 which was inconsistent with the prescribed medication list. It is noted the injured worker's urinalysis detected Percocet and Norco. It is also noted that the injured worker had been previously prescribed Norco for pain. The injured worker had a followup urine drug screening on November 13 and December 13, 2013, both urine drug screens consistent with the injured worker's prescribed medication. Within the clinical information, the injured worker had two consecutive urine drug screens indicating medication compliance. Thus, the drug screen would be medically unnecessary. The request for a urine drug screen is not medically necessary or appropriate.