MAXIMUS Federal Services

| Case Number: | CM14-0007572 | | |
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| Date Assigned: | 02/10/2014 | Date of Injury: | 06/09/1999 |
| Decision Date: | 07/07/2014 | UR Denial Date: | 01/16/2014 |
| Priority: | Standard | Application Received: | 01/21/2014 |

## 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 claimant is a 62 year old female who suffered an industrial injury on 6/9/1999. Medical notes from 2/27/2013, 4/23/2013, 6/18/2013, 7/9/2013, 8/20/2013 and 10/15/2013 were reviewed to assemble information regarding the claimant's condition. She has had chronic myofascial pain located in the neck, bilateral shoulders, lower back, ankles and other joints with variable intensity and pattern. In addition, the claimant has had insomnia, anxiety and depression per the medical records reviewed. She has been prescribed venlafaxine, zolpidem, amitryptiline, gabapentin, carisoprodol, hydrocodone with acetaminophen, sustained release morphine and benzodiazepines at various times throughout the year of review, and in various combinations. Overall response to medical therapy has been satisfactory with pain ratings on medications of 3-5/10. Topical therapy has also been employed on one occasion during the year with Terocin lotion with appropriate relief. There is inadequate assessment and documentation of functional and psychosocial status of the claimant in the medical notes. The etiology of pain has not been worked up adequately to determine the contribution of psychological factors to the claimant's pain and no validated instruments are provided for initial or ongoing assessment of pain or psychological condition. The request for urine drug screen was made in 12/2013 and is being reviewed for appropriateness.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE URINE DRUG SCREEN FOR DOS 12/10/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 1044.

**Decision rationale:** According to the MTUS guidelines (ACOEM, 2011, 3RD edition) on the management of chronic pain and chronic opiate therapy, patients should be assessed with respect to their risk of misuse of opiates. Such assessment involves the use of standardized instruments and risk calculators and should be conducted on an ongoing basis in addition to during initial evaluation. In low risk individuals such as the claimant in question, without risk factors of aberrant behavior, psychological instability or history of substance abuse, annual random urine drug screening is recommended and more frequent testing is not considered necessary in the absence of specific alterations in patient's risk status (see below). Since the patient's risk status has not been documented by the treating provider, the MTUS guidelines do not support this request for urine drug testing.