

Case Number:	CM14-0008726		
Date Assigned:	02/12/2014	Date of Injury:	03/28/2010
Decision Date:	06/24/2014	UR Denial Date:	01/07/2014
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 Orthopedic Surgery, 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 injured worker is a 52-year-old male with a date of injury of March 28, 2010. The mechanism of injury is not disclosed. A progress note dated June 7, 2013 is provided for review in support of the above noted request indicating that the injured worker complains of pain and discomfort in the lumbar spine. Objective findings referenced. The MRI results of the lumbar spine, with no other objective documentation noted. Continuation of pharmacotherapy is recommended. Including Tylenol 3, Motrin, and Lidoderm patches. Additionally, a urine toxicology screen is recommended. A prior encounter note dated February 28, 2013 references a psychiatric history that includes depression, stress, and anxiety. A notation that the injured worker feels like crying and complains of fatigue due to symptoms. The record indicates that the injured worker was previously evaluated by a psychiatrist. Elsewhere in the medical record a notation is made that an MRI of the lumbar and cervical spine has been provided. Pharmacotherapy has included Tylenol number 3, Ibuprofen, and Lidoderm on a chronic basis. Nerve conduction studies of the lower extremity were provided and were normal in November 2010. Prior conservative treatment has consisted of chiropractic care, physical therapy, massage, and acupuncture. A history of surgical intervention of the lumbar spine is referenced. An AME from August 2011 is noted. Prior urine drug screens were provided from January and March 2013. A previous review resulted in the decision of non-certification on January 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG TEST RANDOM SCREEN(DOS 6/7/13): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT), Criterial for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Criteria for Use of Opioids Page(s): 76.

Decision rationale: Treatment guidelines support the use of urine drug screening as part of ongoing chronic opioid management. The guidelines recognize that there are particular diagnoses have not been shown to have good success with chronic opioid therapy, including psychological factors, such as anxiety and depression. An encounter note from February 2013 references a history of depressive symptoms and anxiety. Documentation is noted that the injured worker feels like "crying" and experiences fatigue, because of the symptoms. Additionally, a history of psychiatric treatment is noted. When noting the injured worker's past medical history, including depression symptoms as well as anxiety, and a current need for opioid therapy, there is a clinical indication for the use of urine drug screening for the management of this individual's chronic pain. Therefore, this request is medically necessary.