

Case Number:	CM14-0011512		
Date Assigned:	02/21/2014	Date of Injury:	01/21/2010
Decision Date:	09/19/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/29/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 38-year-old man with a date of injury of Jan 21, 2010 where he injured his brain, internal organs, soft tissue, head and eyes while weightlifting. His diagnoses included chronic lumbosacral strain, chronic cervical strain, surgical excision of ependymoma, and meningocele repair. He experienced chronic daily headaches after a complicated post-surgical course, and was rated at 20% whole person impairment for the headaches. The injured worker was on medications including zolpidem, morphine and gabapentin. Psychiatric evaluations were performed on April 16, 2014, April 23, 2014 and June 9, 2014. A urine drug screen was done on Oct 1, 2013 because it is stated that the pharmacy informed the physician's office that it needed to be performed. On Oct 10, 2013, a report from the treating physician stated an in-office drug screen was performed "to assess injured worker compliance and to identify signs of the possibility of drug-drug interactions." The screen indicated the presence of gabapentin, zolpidem and morphine. There were no detected medications not reported as prescribed. There were no prescribed medications not reported as detected.

IMR ISSUES, DECISIONS AND RATIONALES

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

(RETROSPECTIVE) URINE DRUG SCREEN (DOS: 10/01/13) QUANTITY: 1.00:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Drug testing, Opioids, steps to avoid misuse/addiction Page(s): 78-79, 43, 94.

Decision rationale: The injured worker was being prescribed controlled substances for documented medical condition of debilitating headaches after a long injury and recovery course. Per the Medical Treatment Utilization Schedule (MTUS), urine drug screen is indicated in ongoing management in the case of issues of abuse, addiction, or poor pain control. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. It is addressed as one step to avoid misuse/addiction. In this case, there is no suspicion of abuse, addiction, use of illegal drugs or poor pain control based on history or behavior. Therefore this test was not medically necessary.