

Case Number:	CM14-0012438		
Date Assigned:	02/21/2014	Date of Injury:	06/01/2007
Decision Date:	07/29/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 patient is a 59-year-old female who has submitted a claim for lumbosacral neuritis, neuralgia/neuritis, myalgia and myositis, neurotic depression, insomnia, drug dependence, and psychosexual dysfunction; associated with an industrial injury date of 06/01/2007. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain, graded 8/10, radiating to the right hip and upper thigh, with associated numbness in the feet. Physical examination showed limited range of motion. Manual testing showed weakness in the left lower extremity. Treatment to date has included medications, and physical therapy. The utilization review, dated 01/13/2014, denied the request for a urine drug screen because there was no documented aberrant medication behaviors; and denied the request for Valium because guidelines do not support its long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN (UDS): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids.

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'moderate risk' for drug abuse if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. In this case, the patient can be classified as 'moderate risk' as she was diagnosed with neurotic depression. Urine drug tests have been performed on 07/22/2013, 08/19/2013, and 12/16/2013, all of which tested positive for amphetamines. The documented rationale of the request was to assess medication compliance and identify possible drug diversion. The medical necessity has been established based on the patient's use of the illegal drugs mentioned. Therefore, the prospective request for UDS is medically necessary.

VALIUM 10 MG #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. In this case, patient has been prescribed Valium since at least 02/18/2013. However, guidelines do not support its long-term use. Therefore, the request for VALIUM 10 MG #45 is not medically necessary.