

Case Number:	CM14-0128251		
Date Assigned:	08/15/2014	Date of Injury:	06/07/2013
Decision Date:	09/22/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine and Rehabilitation 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:

This patient sustained an injury on 6/7/13 while employed by [REDACTED]. Request(s) under consideration include Urine toxicology QTY: 1.00. Hand-written illegible report of 5/5/14 from the provider noted the patient has chronic ongoing symptoms. Exam showed thrombotic thrombocytopenic purpura (TTP) and decreased range. Diagnoses included cervical sprain/strain and herniated disc; and lumbar sprain/strain and a herniated disc. Treatment included physical therapy and modified work of 20 pound limitation. Essentially unchanged hand-written illegible report of 6/16/14 from the provider noted the patient has chronic ongoing cervical, thoracic, and lumbar pain rated at 6-8/10 with neck pain radiating to bilateral upper extremities. Exam showed diffuse tenderness to palpation of cervical spine and lumbar spine; and decreased range. The patient has been taking Tramadol for pain relief with last urinary drug screen (UDS) performed on 3/24/14 consistent with use and UDS was again done on 6/16/14. Medications list topical compound Gabapentin/ Dextromethorphan/ Amitriptyline and Fluribrofen/ Tramadol/ Cyclobenzaprine. The patient remained on modified duty with 20 pounds limitation and sedentary work only. The request(s) for urine toxicology QTY: 1.00 was non-certified on 7/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids, criteria for use Page(s): 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic June 2013 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The urine toxicology QTY: 1.00 is not medically necessary and appropriate.