

Case Number:	CM14-0129395		
Date Assigned:	08/18/2014	Date of Injury:	11/12/1991
Decision Date:	09/18/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 56 year old female who reported an injury to her low back, abdominal region, and shoulders from an injury on 11/12/91. The utilization review dated 07/24/14 resulted in a denial for a urine drug screen as well as an alcohol screen as no information had been submitted regarding the injured worker's inconsistent drug screens or aberrant behaviors. Additionally, no history of the injured worker's alcohol abuse was identified in the submitted documentation. The clinical note dated 06/13/14 indicates the injured worker complaining of low back pain. The injured worker rated the pain as 2-8/10. The injured worker stated the current drug regimen was working well to alleviate the majority of the pain and was further allowing the injured worker to maintain her daily functions. The injured worker's past medical history is significant for a hernia, tonsillectomy, appendectomy, bowel resection, a shoulder arthroscopy, a lumbar laminectomy, and a lumbar fusion. The injured worker also was identified as having undergone hardware removal in the lumbar region. The note indicates the injured worker utilizing Norco, Robaxin, Ambien, Lidoderm, and Topamax. The urine drug screen completed on 03/13/13 revealed findings consistent with the injured worker's drug regimen. No inconsistent findings were identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening (quarterly): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 23.

Decision rationale: The documentation indicates the injured worker complaining of pain at several sites. The notes indicate the injured worker utilizing Norco for ongoing pain relief. There is an indication the injured worker's drug regimen is working well to alleviate the majority of the pain. Given the ongoing use of opioid therapy, it would be reasonable for the injured worker to undergo periodic urine drug screens. However, the request involves a quarterly request for urine drug screens. Given that no indications were made available confirming the ongoing use of opioid therapy, quarterly urine drug screens are not indicated. The request for a urine drug screen is not medically necessary.

Alcohol testing (quarterly): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 23.

Decision rationale: No information was submitted regarding the injured worker's previous alcohol abuse. Additionally, no information was submitted regarding the injured worker's aberrant behaviors or potential for alcohol misuse. Given these factors, the request for alcohol testing on a quarterly basis is not indicated and is therefore not medically necessary.