

Case Number:	CM14-0129947		
Date Assigned:	08/20/2014	Date of Injury:	02/10/2009
Decision Date:	09/30/2014	UR Denial Date:	07/22/2014
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 Texas. 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 59 year old female who reported an injury to the right groin, inner thigh, and genitalia. Clinical note dated 06/30/14 indicated the injured worker complaining of pain radiating into the right lower extremity from the groin. The injured worker underwent hernia repair in 05/10 resulting in ongoing pain. The injured worker underwent ongoing nerve blocks. The injured worker also experienced significant anxiety related to the prolonged pain. The injured worker showed no significant strength deficits in the lower extremities. Utilization review dated drug urine drug screen on 06/30/14 resulted in the injured worker demonstrating compliance with the prescribed drug regimen. Appropriate positive findings were identified with prescribed medications. Clinical notes indicated the injured worker being prescribed soma which was not indicated and not detected. Clinical note dated 06/27/14 indicated the injured worker stating she had been utilizing soma 350mg by mouth QD and Xanax. The injured worker reported ongoing right sided groin pain radiating to the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Urine Drug Screen for DOS 6/2/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen, Opiates, Steps to Avoid Misuse/Addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for urine drug screen on 06/02/14 is medically necessary. The injured worker complained of right sided groin pain. The injured worker was prescribed benzodiazepine and opioid therapy. Given the ongoing use of opioids, ongoing urine drug screens are indicated for injured workers who are continuing with opioid therapy. Given this ongoing use of opioid therapy this request is reasonable.