

Case Number:	CM14-0155481		
Date Assigned:	09/25/2014	Date of Injury:	02/04/2003
Decision Date:	10/27/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family Medicine and is licensed to practice in Ohio. 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 54-year-old female who injured her back on February 4 of 2003 while repairing a fence. The record reflects that at some point she underwent back surgery. Her diagnoses include degenerative lumbar disc disease, post laminectomy syndrome, insomnia, and trochanteric bursitis. The record reflects that she has ongoing low back pain radiating down the legs not at all well-controlled with medication. The physical exam reveals a healed lumbar region incision, and a normal neurologic exam in the lower extremities. She has been maintained on Norco, Xanax, and Soma. She has had urine drug screening roughly 6 times in the last year. The record reflects that she has used multiple pharmacies and different prescribing physicians.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro; Comprehensive drug screen (4/29/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines - Urine Drug Screens

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Opioids, screening tests for risk of addiction & misuse

Decision rationale: The above guidelines recommend a variety of measures to monitor for prescription misuse including questionnaires, pharmacy report surveillance, pill counts, and urine drug screening. Urine drug screening is recommended at the initiation of a potential drug of abuse and also at intervals determined by the particular risk of a given patient for misuse. Each of the guidelines suggests that urine drug screening may be performed if a given patient is thought to be at risk. However, neither of the above guidelines is clear about frequency of testing. In this instance, the injured worker was prescribed three potential medications of abuse (Norco, Xanax, and Soma). She was identified as being at higher risk because she had obtained numerous prescriptions from different providers and on at least one occasion there was no detectable Soma metabolite in one of the urine drug screens. In this instance, a comprehensive drug screen (4/29/14) was medically necessary because of the identified risk factors.