

Case Number:	CM14-0168672		
Date Assigned:	10/16/2014	Date of Injury:	12/29/2013
Decision Date:	12/12/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/13/2014

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 Management 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:

Patient is a 25-year-old female who has submitted a claim for lumbar and thoracic spine musculoligamentous sprain and strain with right sacroiliac joint sprain and major depressive disorder associated with an industrial injury date of 12/29/2013. Medical records from 2014 were reviewed. Patient complained of low back pain radiating to the right lower extremity. Physical examination of the lumbar spine showed tenderness and restricted motion. Straight leg raise test was unremarkable. Motor strength, reflexes, and sensory were intact. Treatment to date has included physical therapy, chiropractic care, and medications such as Norco, diclofenac, and cyclobenzaprine since March 2014. Utilization review from 9/15/2014 denied the request for random urine sample because the results and date of previous testing was not specified in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine sample: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Page(s): 78. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. Patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the patient can be classified as 'moderate risk' as she was diagnosed with Major Depressive Disorder. Current treatment regimen includes Norco, diclofenac, and cyclobenzaprine since March 2014. There is no prior urine drug screen performed. Patient meets guideline criteria for drug screening given that she is currently on opioids and has psychiatric comorbidity. Therefore, the request for random urine sample is medically necessary.