

Case Number:	CM14-0180782		
Date Assigned:	11/05/2014	Date of Injury:	12/05/2011
Decision Date:	12/16/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/30/2014

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 Pain Management 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:

The injured worker is a 55-year-old woman with date of injury 12/5/11. Complaints include injury to the low back, right ankle both hands, right hip, bilateral knees and cervical spine. She has been managed on chronic opioid therapy for neck and back pain. Clinical documentation indicates that she is at low risk for abuse. Urine drug repeat toxicology has had consistent and/or appropriate results in 2014. Request is being made for repeat urine toxicology with ethanol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 07/03/2014: Urinary Drug Screen with Alcohol QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuses/addiction Page(s): 94-95.

Decision rationale: Records indicate that the injured worker is being treated for chronic pain diagnosed as lumbar discogenic pain and cervical facet joint pain. Documentation indicates that she is at low risk for abuse utilizing the Opioid Risk Tool and has mild depression utilizing the PHQ-9 depression inventory. MTUS guidelines recommends frequent random urine toxicology screens with those at high risk of abuse. The documentation provided does not indicate that the

patient is at high risk for abuse. Request for urine drug toxicology with alcohol exceeds MTUS guidelines is therefore, not medically necessary.