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| Case Number: | CM14-0029230 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 05/21/2007 |
| Decision Date: | 07/23/2014 | UR Denial Date: | 02/27/2014 |
| Priority: | Standard | Application Received: | 03/07/2014 |

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 Physical Medicine & Rehabilitation, 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 69-year-old female with a reported date of injury on 05/21/2007. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include osteoporosis, muscle spasms, closed fracture of the lumbar vertebra without mention of a spinal cord injury, pathological fracture, and adjustment disorder with depressed mood. Her previous treatments were noted to include a brace, massage, and medications. Her medications were noted to include Robaxin 3 times a day regularly, Norco 7.5/325, tizanidine 4 mg 4 times a day as needed for spasm only, ibuprofen, a blood pressure medication, and omeprazole. The progress note dated 01/17/2014 noted a urine drug screen was performed and that it was consistent with therapy. The injured worker reported that her symptoms had stayed the same since the previous visit prior to 04/24/2014 and she was taking the methocarbamol, which worked better than tizanidine. The physical examination showed straitening of the thoracic spine with loss of normal thoracic curvature. There was a spinous process tenderness on the lower to mid thoracic spine and a paraspinal muscle tenderness with trigger point in the thoracic paraspinal musculature. There was also rib tenderness noted upon palpation. The lumbar spine noted spinous process tenderness and paraspinal muscle tenderness was reported in the lumbar spine musculature. The Request for Authorization form was not submitted within the medical records. The request is for a retrospective opioid drug screen dated 01/17/2014 due to consistency with the pain contract and to determine if the injured worker was compliant with her prescribed medical regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Opioid Drug Screen for DOS 1/17/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Pain Chapter, Criteria for Use of Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing and Opioids Page(s): 43, 78.

Decision rationale: The request for a retrospective opioid drug screen for 01/17/2014 is not medically necessary. The injured worker did have a drug screen performed on 01/17/2014. The California Chronic Pain Medical Treatment Guidelines recommend drug testing as an option using a urine drug screen to assess for the use or the presence of illegal drugs. The guidelines also recommend the use of urine drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation regarding a previous urine drug screen and whether it was consistent with therapy and when it was performed. Therefore, a urine drug screen is not warranted at this time. As such, the request is not medically necessary.