MAXIMUS Federal Services

Case Number:	CM14-0030837		
Date Assigned:	06/20/2014	Date of Injury:	12/05/2013
Decision Date:	07/17/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/11/2014

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 & Rehab, and is licensed to practice in Illinois. 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 58-year-old male who reported a fall backwards while lifting a pallet on 12/05/2013. In the clinical notes dated 01/22/2014, the injured worker complained of lumbar spine pain of which he rated an 8/10 and left wrist pain of which he rated on pain that was 7/10. The injured worker's prescribed medications included blood pressure medications. Prior treatments included diagnostic studies and medications. The physical examination of the lumbar spine revealed gait within normal limits, aligned spastic and positive Kemp's and straight leg raise within normal limits. The diagnoses included lumbar strain/sprain and left wrist sprain/strain. The treatment plan included prescribed medications of omeprazole 20 mg, cyclobenzaprine 7.5 mg #60 one tab by mouth twice a day and ibuprofen 800 mg #60 one tab by mouth every day as needed for pain. A urine toxicology screen was ordered along with topical medicated creams (30gm of gabapentin/30gm of flurbiprofen) which were given from the office and 240gm gabapentin/240gm flurbiprofen to be mailed to the injured worker's home. The Request for Authorization for urine toxicology to follow medication adherence was submitted on 01/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's; pain treatment.

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

Decision rationale: The request for urine toxicology screen is not medically necessary. The California MTUS Guidelines state that drug testing is recommended as an option, using a urine drug screen test to assess for the use or the presence of illegal drugs. The guidelines also state that for ongoing monitoring of opioid use includes 4 domains which have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or no adherent) drug related behaviors. The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In the clinical notes provided for review, it is indicated that the injured worker's only prescribed medication included blood pressure medications. There is also a lack of documentation of the injured worker displaying aberrant or no adherent drug related behaviors in conjunction to the use of prescribed medications. Furthermore, the guidelines state that drug testing is only recommended as an option to assess for the use of the presence of illegal drugs for injured worker's that display aberrant behaviors. Therefore, the request for a urine toxicology screen is not medically necessary.