MAXIMUS Federal Services

Case Number:	CM14-0074813		
Date Assigned:	08/08/2014	Date of Injury:	03/18/2012
Decision Date:	09/19/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/22/2014

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 and is licensed to practice in Nevada. 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 49-year-old female who was reportedly injured on March 18, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 8, 2014, indicated that there were ongoing complaints of neck pain, head pain, and radiation of the pain into the bilateral upper extremities. The physical examination demonstrated a well-nourished, well-developed individual in "no acute distress." The injured employee ambulated without assistive device. A full range of motion of the cervical spine was reported. There was no tenderness to palpation and there was no muscle spasm palpable. There was also some tenderness of the lateral epicondyles on the left and there was a positive Tinel's sign of the left wrist. Motor strength was noted to be 5/5. The sensory examination was intact. Diagnostic imaging studies objectified no acute fractures or subluxations in the lumbar spine. Previous treatment included physical therapy, multiple medications, and pain management interventions. A request was made for ongoing medications and was not certified in the pre-authorization process on May 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen DOS 04/07/2014: Sperm antibodies x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) criteria for use of opioids, page 78.

Decision rationale: When noting the date of injury, the injury sustained the findings on physical examination and by the parameters outlined in the California Medical Treatment Utilization Schedule that there is no indicators of abuse potential, drug diversions or illicit drug use, there is no data presented to suggest the need for urine drug screening. The medical necessity has not been established and therefore the request for Urine Drug Screen DOS 04/07/2014 is not medically necessary.

Urine Drug Screen DOS 04/07/2014: Barbiturates, not elsewhere specified x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) criteria for use of opioids, page 78.

Decision rationale: When noting the date of injury, the injury sustained the findings on physical examination and by the parameters outlined in the California Medical Treatment Utilization Schedule that there is no indicators of abuse potential, drug diversions or illicit drug use, there is no data presented to suggest the need for urine drug screening. The request is not medically necessary.

Urine Drug Screen DOS 04/07/2014: Multiple drug classes by high complexity test method x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) criteria for use of opioids, page 78.

Decision rationale: When noting the date of injury, the injury sustained the findings on physical examination and by the parameters outlined in the California Medical Treatment Utilization Schedule that there is no indicators of abuse potential, drug diversions or illicit drug use, there is no data presented to suggest the need for urine drug screening. The request is not medically necessary and appropriate.

Urine Drug Screen DOS 04/07/2014: Flurazepam x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) criteria for use of opioids, page 78.

Decision rationale: When noting the date of injury, the injury sustained the findings on physical examination and by the parameters outlined in the California Medical Treatment Utilization Schedule that there is no indicators of abuse potential, drug diversions or illicit drug use, there is no data presented to suggest the need for urine drug screening. The request is therefore not medically necessary.

Urine Drug Screen DOS 04/07/2014: Meprobamate x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: When noting the date of injury, the injury sustained the findings on physical examination and by the parameters outlined in the California Medical Treatment Utilization Schedule that there is no indicators of abuse potential, drug diversions or illicit drug use, there is no data presented to suggest the need for urine drug screening. The request is not medically necessary and appropriate.

Urine Drug Screen DOS 04/07/2014: Methadone x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) criteria for use of opioids, page 78.

Decision rationale: When noting the date of injury, the injury sustained the findings on physical examination and by the parameters outlined in the California Medical Treatment Utilization Schedule that there is no indicators of abuse potential, drug diversions or illicit drug use, there is no data presented to suggest the need for urine drug screening. The request is not medically necessary and appropriate.

Urine Drug Screen DOS 04/07/2014: Confirmation each procedure x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) criteria for use of opioids, page 78.

Decision rationale: When noting the date of injury, the injury sustained the findings on physical examination and by the parameters outlined in the California Medical Treatment Utilization Schedule that there is no indicators of abuse potential, drug diversions or illicit drug use, there is no data presented to suggest the need for urine drug screening. The request is not medically necessary and appropriate.