

Case Number:	CM14-0075466		
Date Assigned:	07/16/2014	Date of Injury:	10/26/2010
Decision Date:	08/14/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/23/2014

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 Child and Adolescent Psychiatry 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 49-year-old female who was injured at work on 10/26/2010. She sustained a low back injury, and subsequently developed low back pain with radiation of pain into her right leg and right foot, with associated numbness and tingling sensations. She underwent a L5-S1 anterior approach lumbar disc replacement surgery approximately two years ago. Since then, she has continued to report pain and has been diagnosed with Post-Laminectomy Syndrome. In December 2013, the injured worker underwent epidural steroid injections, which produced some relief of her symptoms. She has also complained of depressed mood and anxiety due to her persisting pain, physical disability, and uncertain future with respect to returning to work. She is prescribed the medication Norco for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Review: Urine drug screens (dates of service (DOS) 2/27/2014, 3/27/2014):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

Decision rationale: MTUS Chronic Pain Guidelines recommend urine drug screening as a component of the monitoring of prescribed narcotic pain-relieving medications. The purpose of screening is to monitor for possible undisclosed drug use and for possible drug diversion. The injured worker has reported persisting pain and is prescribed Norco for pain relief. The recommended frequency of urine drug screening in the monitoring of treatment with Norco and other narcotics is determined by the injured worker's pattern of prescription use and by the clinical judgment of the treating physician with respect to the relative risk for drug abuse posed by the injured worker. The documentation provided does not give any credence to concerns that the injured worker is overusing or diverting Norco prescriptions, or that there is any surreptitious abuse of other undisclosed substances. The MTUS recommendation in low-risk cases is to randomly perform urine drug testing once in 6 months to a year. There is no compelling rationale for the injured worker in this case to have the urine drug screens on both of the listed dates of service (2/27/14 and 3/27/14). Therefore, medical necessity for this request has not been established.

Urine drug screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

Decision rationale: MTUS Chronic Pain guidelines recommend urine drug screening as a component of the monitoring of prescribed narcotic pain-relieving medications. The purpose of screening is to monitor for possible undisclosed drug use, and for possible drug diversion. The injured worker has reported persisting pain and is prescribed Norco for pain relief. The recommended frequency of urine drug screening in the monitoring of treatment with Norco and other narcotics is determined by the injured worker's pattern of prescription use and by the clinical judgment of the treating physician with respect to the relative risk for drug abuse posed by the injured worker. This request is for an unspecified number of urine drug screens. There is no documented treatment plan specifying the treating physician's proposed frequency of drug screening. In the absence of a specific treatment plan regarding the proposed pattern and frequency of drug screening, the request cannot be considered medically necessary.

Behavioral pain management (anxiety, depression): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological intervention for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

Decision rationale: MTUS guidelines indicate that psychological treatment is recommended for appropriately-selected patients suffering from chronic pain. Of the available psychological treatments, behavioral interventions are to be preferred. Improving the injured worker's coping

skills is recommended as a way to avoid the use of medication, thus avoiding the risk of physiological dependence on the medication. The injured worker reports ongoing symptoms of anxiety and depression which are, to some degree, pain-related. One office visit for an evaluation for behavioral pain management for symptoms of depression and anxiety would be considered appropriate. However, as the request was for overall behavioral pain management, which includes not only one evaluation, but also ongoing follow-up appointments, this cannot be recommended without knowing the results of the initial pain assessment and the treatment plan recommendations of the initial evaluation; so, on this basis, the request for behavioral pain management is not medically necessary.