

Case Number:	CM14-0093037		
Date Assigned:	07/30/2014	Date of Injury:	07/12/2008
Decision Date:	09/30/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/19/2014

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 Family Practice 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 57 year old female who sustained an injury to her low back on 07/12/08. Peer review dated 03/17/14 noted that the previous request for Norco and Ultram were non-certified. The 02/14/14 progress report noted that the injured worker reported minimal pain and was doing better therefore, Norco was not indicated for this injured worker and additional refills at the same dosage and number of pills would not be indicated. A recent urine drug screen was negative for Ultram indicating that the injured worker was not taking her medication as prescribed this was a violation of the injured worker pain contract and continuation would not be indicated. As such, modification for weaning would not be needed. A retrospective urine drug screen dated 02/14/14 was certified on the basis that the injured worker was continuing to take opioid medications. The urine drug screen dated 05/09/14 was negative for opioid medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective - Urine Drug Screen (DOS 05/09/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Indicators and predictors of possible misuse of controlled substances and / or addition. Opioids, Criteria for use, Criteria for use of Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Urine drug screen (UDS).

Decision rationale: The request for retrospective urine drug screen (DOS: 05/09/2014) is not medically necessary. The previous request was denied on the basis that in this case, the request for Norco and Tramadol had been recommended for weaning purposes and then subsequently non-certified in recent peer reviews. It was noted that continued use of Norco is not indicated in this injured worker, per progress report dated 02/14/14. Additional refills of Norco at the same dosage and number of pills would not be indicated. A recent urine drug screen was negative for Ultram, indicating that the injured worker was not taking her medication as prescribed. As the continued use of opioid medications is not supported in this injured worker, continued urine drug screen are also not indicated. Therefore, the request is not indicated as medically appropriate. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for retrospective urine drug screen (DOS: 05/09/2014) is not indicated as medically necessary.