

Case Number:	CM14-0178127		
Date Assigned:	10/31/2014	Date of Injury:	05/20/2007
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational Medicine 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:

This is a 36-year-old female with a 5/20/07 date of injury. The only progress report provided for review was a psychologists report dated 7/1/14. The patient reported an increase in agitation because her anti-depressant medication has not been authorized for over a month. Objective findings: dysphoric mood and agitated affect. Diagnostic impression: somatic symptom disorder with predominant pain, mood disorder secondary to medical condition. Treatment to date: medication management, activity modification, psychotherapy. A UR decision dated 10/20/14 denied the requests for urine toxicology screen and Ambien. Regarding the urine toxicology screen, lacking the documentation of the last date of urine drug screening and the outcome as well as the results of any prior adverse outcomes and/or increased risk assessment findings, the medical necessity for random drug screening should comply with the guidelines as set forth for low risk individuals (1 or 2 times per year). Regarding Ambien, this should not be relied upon on a nightly basis; rather alternative techniques should be implemented per clinical guidelines.

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 Urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, online version- Pain Chapter Urine Drug Screening

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing; Urine Testing in Ongoing Opiate Management Page(s): 43,78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, in the present case, there were no progress reports provided documenting the patient's current medication regimen. It is unclear if the patient is currently taking an opioid medication that would require monitoring. Therefore, the request for Urine Toxicology Screen was not medically necessary.

Ambien 10mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Ambien and on Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, in the present case, it is unclear how long this patient has been taking Ambien, and guidelines do not support its long-term use. In addition, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Ambien 10mg tablet dispense 30 tablet was not medically necessary.