MAXIMUS Federal Services

Case Number:	CM14-0188343		
Date Assigned:	11/19/2014	Date of Injury:	08/02/2011
Decision Date:	01/07/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/12/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 56 year old employee with date of injury 8/2/11. Medical records indicate the patient is undergoing treatment for lumbar disc disease, bilateral sacroiliac joint arthropathy, post-traumatic stress disorder (PTSD), depression, and anxiety. Subjective complaints include lumbar spine pain rated 7/10, described as tenderness in lumbar spine and bilateral hips sometimes radiating to buttocks, and headaches. Objective findings include an antalgic gait with heel-toe walk exacerbated on right, sacroiliac tenderness on right and left, positive Patrick's sign bilaterally, positive Yeoman's test, positive sacroiliac thrust test bilaterally, and decreased range of motion to lumbar spine. Lower extremity muscle testing and reflexes normal. Treatment has consisted of sacroiliac joint injections, home exercise program, and medications including Cyclobenzaprine, Prilosec, Alprazolam, Anaprox, Prilosec, Temazepam, Prozac, Wellbutrin SR, Seroquel, Risperdal, Lorazepam, Zoloft, Trazodone, Abilify, Prazosin, and Clonazepam. The utilization review determination was rendered on 10/31/14 recommending non-certification of urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance Abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain, Including Prescribing Controlled Substances (May 2009) page 32, Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December". The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for U/A test for toxicology are not medically necessary.