

Case Number:	CM14-0193353		
Date Assigned:	12/01/2014	Date of Injury:	02/15/2011
Decision Date:	01/14/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/18/2014

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, has a subspecialty in Pain Management and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 02/15/11 when she was struck on the head/face by a freezer door. She continues to be treated for ongoing neck and low back pain. She was seen by the requesting provider on 06/19/14. She was having low back pain radiating in the lower extremities rated at 7-8/10. Prior treatments referenced include medications, TENS, and physical therapy. Physical examination findings included cervical and lumbar paraspinal and facet tenderness with positive facet loading. There was decreased right upper and lower extremity strength and sensation. Medications were Ambien, Mobic, Duragesic, Klonopin, and Norco. She was taking Norco 6-8 times per day. Authorization for epidural injections was requested. Urine drug screening was performed on 07/14/14 and 09/15/14. There were expected findings. On 08/11/14 pain was rated at 6-7/10. There had been improvement after a lumbar epidural injection. Medications were refilled. Authorization for Skelaxin, Celebrex, and Klonopin were requested. On 10/16/14 pain was rated at 8.5-9/10. There had been a 60% improvement after lumbar facet blocks. Medications were adjusted and she was continued at temporary total disability.

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 Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic neck and low back pain. Treatments have included medications with expected findings on urine drug screening performed in July and September 2014. Medications include opioids. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test results that would be inconsistent with the claimant's prescribed medications. Therefore this request for urine drug screening is not medically necessary.