MAXIMUS Federal Services

Case Number:	CM15-0008170		
Date Assigned:	01/23/2015	Date of Injury:	10/09/2006
Decision Date:	03/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old male, who sustained an industrial injury on 10/9/06. He has reported subdural hematoma, left ear damage and left parietal lobe concussion following electrocution. The diagnoses have included electrocution syndrome, resolved, ongoing left ear difficulties with decreased hearing, low back pain, sleep difficulties and sexual dysfunction. Treatment to date has included repair of left ear, multiple narcotic medications and pain management. (MRI) magnetic resonance imaging of cervical spine and (CT) computerized tomography scan of head has been performed in the past. Currently, the injured worker complains of ongoing neck pain, head pain, left ear pain, back pain and hand pain. Physical exam of 9/24/14 revealed normal exam of neck, normal neurologic exam and pain in low back with rotation. On 1/12/14 Utilization Review non-certified a retro urine drug screen, noting there were not aberrant behaviors or other signs that would indicate the need for urine drug screen. The MTUS, ACOEM Guidelines, was cited. On 1/12/15, the injured worker submitted an application for IMR for review of retro urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for a urine drug screen, DOS 11/5/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Retrospective request for a urine drug screen, DOS 11/5/14 is not medically necessary and appropriate.