MAXIMUS Federal Services

Case Number:	CM15-0102364		
Date Assigned:	06/04/2015	Date of Injury:	12/07/1992
Decision Date:	07/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 73 year old female patient, who sustained an industrial injury on 12/7/92. The diagnoses have included low back pain, bursitis of the right hip and left knee, hip joint replacement, myalgia and myositis, chronic pain syndrome, opioid type dependence, insomnia, and obesity. Per the physician progress note dated 4/15/15, she is for follow up of her medication management. The injured worker states that she has been off the tramadol for the past month with increased pain. The right hip is the most bothersome at this time and she rates the pain constant and 7/10 on pain scale. She also complains of pain in the hands, feet, back and lower extremities. She has a history of bypass surgery and cannot tolerate Non-steroidal anti-inflammatory drugs. She is being referred for rheumatologic evaluation and following up with the orthopedic for possible revision of her hip and knee. The physical exam revealed 1+ tenderness over the right greater trochanteric bursa. The current medications included Diclofenac Topical cream, Flector patches, Prilosec, and Temazepam. Treatment to date has included medications, activity modifications, rest, heat, conservative care, surgery, diagnostics and physical therapy. He has had serum blood test report dated 11/6/14 which was consistent with potential aberrant behaviors and tested positive for methamphetamine. He has had urine toxicology screen on 1/27/15 which was positive for benzodiazepine, methamphetamine and tramadol. The physician requested treatment included Urine toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), urine toxicology.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, page 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Opioids, tools for risk stratification & monitoring.

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The current medications included Diclofenac Topical cream, Flector patches, Prilosec, and Temazepam. Temazepam is a controlled substance. It is medically necessary to perform a urine drug screen periodically to monitor the appropriate use of controlled substances in patients with chronic pain. The serum blood test report dated 11/6/14 was consistent with potential aberrant behaviors and tested positive for methamphetamine. In addition, per the cited guidelines; "Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources, like a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request of Urine toxicology is medically appropriate and necessary for this patient at this juncture.