MAXIMUS Federal Services

Case Number:	CM15-0107886		
Date Assigned:	06/12/2015	Date of Injury:	09/25/2008
Decision Date:	08/05/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/03/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 58 year old male patient who sustained an industrial injury on 09/25/2008. A primary treating office visit dated 05/12/2015 reported current diagnoses of: lumbago with bilateral radiculopathy; facet and sacroiliac joint arthropathy, and reactive depression, anxiety and insomnia. He had subjective complaint of having increased pain levels due to inability to obtain medications secondary to being denied services. The patient does have alternative insurance and is receiving Norco keeping him free from withdrawal, but is still not the required medical regimen for this patient. He did receive authorization to receive a lumbar epidural injection which had to be cancelled due to medical issues and is pending re-scheduling. There is continued comment regarding the patient's conferred significant benefit in regards to his pain, function and activities of daily living and the denied services having major negative impact on his function ability. The previous use of Oxymorphone and Norco along with Neurontin he had much better pain control. There is current recommendation for the patient to utilize a H- wave unit which would function as a functional restoration program to reduce the need for oral analgesia. He had previously trialed a transcutaneous nerve stimulator unit and physiotherapy. Back at a visit dated 04/06/2015 a urine toxicology sample was collected for testing. The patient is working on a restricted part time status and is considered permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction; Substance abuse (tolerance, dependence, addiction).

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 University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non- terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 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 patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. However, his most recent Urine drug screen (4/6/15) does have inconsistent results with his medication regimen. As such, the request for urine toxicology screen is medically necessary.