

Case Number:	CM15-0135789		
Date Assigned:	07/23/2015	Date of Injury:	03/09/1993
Decision Date:	08/20/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/14/2015

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: Emergency Medicine

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 60 year-old female with an industrial injury dated 03/09/1993. Her diagnoses included myalgia and myositis - unspecified- chronic, spasm of back muscles, low back pain, spinal stenosis of lumbar region, degenerative disc disease - lumbar - chronic and chronic pain syndrome. Prior treatment included epidural steroid injection and trigger point injections. She presents on 06/02/2015 with complaints of back pain. She reports pain without medications is 7/10 and pain with medications is 2/10. She rates average pain as 5/10. With medications the injured worker was able to struggle but fulfills daily home responsibilities. She was unable to do outside activities and not able to work as a volunteer. Without medications, the injured worker was able to get dressed in the morning, perform minimal activities at home and contact friends by phone or e mail. At this visit, she stated severe back pain from last visit was better however she stated she was having increasing low back, hip and leg spasms. Physical exam noted antalgic gait. Range of motion of the lumbar spine was painful. Her medications were Estradiol, Progesterone, Spironolactone, Lidoderm, Flexeril, Hydrocodone/Acetaminophen and Butrans patch. The provider documents the following: She does not tolerate oral non-steroidal-anti-inflammatory drugs or steroids. The Flexeril has been very useful for her cramps and spasms in her low back. The Lidoderm patches give her some 50% pain relief and Hydrocodone provides her some 70% pain relief. She was up to date with CURES, opiate agreement and urine drug screen. The treatment request is for buccal drug screen and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buccal Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, 'Drug testing' Page(s): 43.

Decision rationale: The requested Buccal Drug Screen , is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, 'Drug testing', recommend drug screening to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has complaints of back pain. She reports pain without medications is 7/10 and pain with medications is 2/10. She rates average pain as 5/10. With medications, the injured worker was able to struggle but fulfills daily home responsibilities. She was unable to do outside activities and not able to work as a volunteer. Without medications, the injured worker was able to get dressed in the morning, perform minimal activities at home and contact friends by phone or e mail. At this visit, she stated severe back pain from last visit was better however, she stated she was having increasing low back, hip and leg spasms. Physical exam noted antalgic gait. Range of motion of the lumbar spine was painful. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Buccal Drug Screen is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, 'Drug testing' Page(s): 43.

Decision rationale: The requested Urine Drug Screen , is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, 'Drug testing', recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has complaints of back pain. She reports pain without medications is 7/10 and pain with medications is 2/10. She rates average pain as 5/10. With medications, the injured worker was able to struggle but fulfills daily home responsibilities. She was unable to do outside activities and not able to work as a volunteer. Without medications, the injured worker was able to get

dressed in the morning, perform minimal activities at home and contact friends by phone or e mail. At this visit, she stated severe back pain from last visit was better however she stated she was having increasing low back, hip and leg spasms. Physical exam noted antalgic gait. Range of motion of the lumbar spine was painful. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine Drug Screen is not medically necessary.