

Case Number:	CM15-0140154		
Date Assigned:	07/30/2015	Date of Injury:	09/16/2008
Decision Date:	08/27/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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: Preventive Medicine, Occupational 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 50 year old male who sustained an industrial injury on 09-16-08. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, acupuncture, spinal fusion, TENS unit, lumbar back brace, spinal cord stimulator trial, and nerve block injections. Diagnostic studies include MRIs of the lumbar spine, CT scan of the lumbosacral spine, and x-rays of the lumbar spine. Current complaints include back pain, altered mental status and vomiting related to Suboxone. Current diagnoses include lumbar disc displacement, lumbago, and thoracic or lumbosacral neuritis or radiculitis. In a progress note dated 02-03-15 the treating provider reports the plan of care as a urine drug screen, medications including a lower dose of Suboxone and Prilosec-MYLAN, as well a physical therapy and a gym-health club membership, TENS unit, and a lumbar back brace. The requested treatment includes a urine drug screen. On 2/03/15 this individual was reported to have been displaying an altered mental status and displayed inappropriate behaviors in the office.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of UDS, QTY: 1, DOS: 02/03/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Urine Drug Screens.

Decision rationale: MTUS Guidelines supports periodic drug screening when opioids are utilized on a chronic basis. ODG Guidelines provide additional details regarding the type and frequency of testing. On the particular date of this test, this individual displayed inappropriate behaviors, was reported to be displaying altered mental status and was reported to be intolerant to the introduction of a new opioid. Under these specific circumstances, the drug screen on 2/3/15 was medically necessary and consistent with Guidelines.