

Case Number:	CM15-0161158		
Date Assigned:	08/28/2015	Date of Injury:	10/31/2014
Decision Date:	10/15/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/18/2015

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 28-year-old male who sustained an industrial injury on 10-31-14. The injured worker was diagnosed as having rule out left hip labral tear and lumbo sacral tear. Currently, the injured worker reported left hip and neck pain. Previous treatments included physical therapy. Previous diagnostic studies were not included. Work status was noted as modified duty. The injured workers pain level was noted as 5 to 6 out of 10. Physical examination was notable for lumbar tenderness, paraspinals with muscle spasms, and decreased lumbo sacral range of motion, left hip tenderness to palpation and painful range of motion. The plan of care was for a drug screen, qualitative; single drug class method (eg. immunoassay, enzyme assay), each drug class (QW drug screen full panel) and Ibuprofen 600 milligrams quantity of 120. A long meandering letter of "appeal" dated 7/31/15 was reviewed. It provided absolutely no clinical information. It was a copy and pasted letter that provided multiple citations concerning need for urine drug screen, random legal statements and random statements from provider that has no bearing on this patient's case. There continues to be a lack of any rationale or justification for requested test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug screen, qualitative; single drug class method (eg. immunoassay, enzyme assay), each drug class (QW drug screen full panel): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: As per MTUS Chronic pain guidelines, a urine drug screen is an option in monitoring patients chronically on opioids for signs of abuse or aberrant behavior. Patient is not on any opioids. Provider has failed to document any evidence-based justification for request. Provider requested UDS prior to refill ibuprofen, which makes no rational sense. Provider has failed to document any plan to start opioids or patient is abusing drugs. Provider has failed to document single criteria to justify need for urine drug screen. It is not medically necessary.

Ibuprofen 600 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Ibuprofen or Motrin is a Non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic Pain guidelines, NSAIDs is recommended for short-term treatment or for exacerbations of chronic pains. It is mostly recommended for osteoarthritis. It may be used for chronic pains but recommendations are for low dose and short course only. There are significant side effects such as increased risk in heart attack, strokes and stomach ulcers if used chronically. Patient had vague reports of improvement in pain and spasms but no objective documentation of improvement was documented. While patient may have some benefit from NSAID, chronic use has significant side effects and is not recommended. Ibuprofen is not medically necessary.