

Case Number:	CM15-0162901		
Date Assigned:	08/31/2015	Date of Injury:	09/13/2001
Decision Date:	10/08/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/19/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 49-year-old female, who sustained an industrial injury on 09-13-2001. On provider visit dated 07-16-2015 the injured worker has reported lower back pain that radiates down into the right buttock. On examination the lumbar spine reveal tenderness in the lumbar paraspinal, lumbar facet at L4-S1 and a positive lumbar facet loading maneuvers. Lower extremity was noted as having positive Patrick's FABAR test, Gaenslen's test, and Yeoman's test a was noted and tenderness the lateral compression of the sacroiliac joint bilaterally. The diagnoses have included chronic pain syndrome, spinal enthesopathy, sacroilitis, lower back pain, sciatica, lumbar-thoracic radiculopathy and fasciitis-unspecified. Treatment to date has included medication, physical therapy, and TENS unit. The provider requested one (1) urine drug screen with a date of service of 7/16/2015 and 7/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) urine drug screen with a dos of 7/16/2015 and 7/21/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 87.

Decision rationale: MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse. Per MTUS CPMTG page 87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in distress, (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources." Per the medical records, the most recent UDS was performed 4/4/15 and was positive for Hydrocodone, Dihydrocodeine, Norhydrocodone, Acetaminophen; and negative for Hydromorphone. Considering the injured worker was prescribed Mobic, Norco, Norflex, Omeprazole, Topamax, and Trazodone; the result is not indicative of aberrant behavior. The request is not medically necessary.