

Case Number:	CM15-0185605		
Date Assigned:	09/25/2015	Date of Injury:	12/12/2010
Decision Date:	11/02/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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: Physical Medicine & Rehabilitation

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 a date of injury on 12-12-2010. The injured worker is undergoing treatment for chronic pain syndrome, left sciatica and radicular symptoms. A Disability evaluation done on 05-30-2015 documents the injured worker has continues lower back pain with radicular symptoms. Her medications include Nucynta and Lido patch. In a physician note dated 06-18-2015 the injured worker has ongoing burning of her bilateral feet-significantly improved with medications. Her pain is 9 out of 10 without medications and with medications pain is 4 out of 10. She has numbness of the right leg with prolonged driving. A physician progress note dated 07-17-2015 documents the injured worker is doing well, she has aching and decreased numbness in right lower extremity. Her pain flares up with driving. Several documents within the submitted medical records are difficult to decipher. Documented treatments to date have included diagnostic studies and medications. The Request for Authorization dated 08-28-2015 includes a urine drug screen and a follow up visit. On 09-03-2015 Utilization Review non-certified the request for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine drug screen is not medically necessary and appropriate.