

Case Number:	CM15-0190797		
Date Assigned:	10/02/2015	Date of Injury:	12/24/2009
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/28/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 58-year-old male, who sustained an industrial injury on 12-24-09. The injured worker is being treated for post-traumatic stress disorder, mild cognitive disorder due to traumatic brain injury, erectile dysfunction, testicular pain and psychological factors affecting other medical conditions. Treatment to date has included oral medications including Cialis, Viagra, Vistaril, Melatonin, Zoloft and Tramadol. Currently, the injured worker reports being less fatigued but fatigue still remains at a significant level; he also notes he is easily overwhelmed and agitated. He is temporarily very disabled. Objective findings on 7-16- 15 revealed no additional neuropsychological or psychological testing. The treatment plan included continuation of individual psychotherapy, reinforcement of pacing strategies and use of compensatory techniques and continuation of targeting agitation reduction. On 9-2-15 a request for a urinalysis was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) page 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, page 43, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Recommend screening for the risk of addiction prior to initiating opioid therapy. It is important to attempt to identify individuals who have the potential to develop aberrant drug use both prior to the prescribing of opioids and while actively undergoing this treatment. Most screening occurs after the claimant is already on opioids on a chronic basis, and consists of screens for aberrant behavior/misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. In this case, the guidelines do not support follow-up urinalysis. The medical documentation does not report suspicion for abuse, aberrant behavior, an indication that the worker is at high risk for addiction or that there has been escalation of opioid dosing. Therefore, the request is not medically necessary.