

Case Number:	CM15-0191926		
Date Assigned:	10/05/2015	Date of Injury:	01/27/2012
Decision Date:	11/18/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/29/2015

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 60 year old male, who sustained an industrial injury on 01-27-2012. He has reported injury to the neck, right shoulder, right hip and low back. The diagnoses have included cervical multi-level spondylosis at C3-C4, C4-C5, and C6-C7; right shoulder strain, status post previous rotator cuff repair in 2005; right hip greater trochanteric bursitis, status post injection, improved; lumbar spine L3-L4 mm disc, L4-L5 mm disc causing neural foraminal stenosis; and chronic pain syndrome. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and home exercise regimen. Medications have included Norco, Naproxen, Celebrex, Flexeril, and Tramadol. A progress report from the treating physician, dated 08-10-2015, documented a follow-up visit with the injured worker. The injured worker reported spasm about the neck and back; he has flare-up of his symptoms; he has neck spasm with multilevel spondylosis as well as lumbar spine multilevel spondylosis; and he is requesting additional physical therapy. Objective findings included decreased range of motion; he has spasm of the cervical spine and lumbar spine; he has pain over the area; he has significant pain with lateral bending of the lumbar spine and significant pain with bending forward; he has paraspinal muscle spasm both in the neck and back areas; his range of motion is decreased by 30% compared to before because of the pain; and he does not have radiculopathy today. The treatment plan has included the request for urine toxicology quantitative and confirmatory testings. The original utilization review, dated 08-27-2015, non-certified the request for urine toxicology quantitative and confirmatory testings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology quantitative and confirmatory testings: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids (Classification), Opioids, screening for risk of addiction (tests).

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

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. Per MTUS CPMTG p87, "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 documentation submitted for review, UDS dated 8/13/15 was positive for hydrocodone, hydromorphone, dihydrocodeine, norhydrocodone, acetaminophen, and THC. I respectfully disagree with the UR physician, in light of inconsistent result of THC, confirmatory UDS testing is medically necessary.