

Case Number:	CM15-0193807		
Date Assigned:	11/03/2015	Date of Injury:	08/24/1993
Decision Date:	12/14/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/02/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 68 year old female who sustained an industrial injury on 8-24-93. A review of the medical records indicates that the worker is undergoing treatment for failed back syndrome-lumbar, long term (current) use of other medications, radiculopathy-lumbar spine, degenerative disc disease-lumbar, spinal stenosis-lumbar, facet joint syndrome, radiculopathy-cervical, spinal stenosis-cervical, and chronic pain syndrome. Subjective complaints (9-23-15) include left lower extremity radicular pain, low back pain with radiation to bilateral lower extremities, pain is rated at 5 out of 10 at best to 8 out of 10 at worst. Objective findings (9-23-15) include no overt drug seeking behavior is noted, does not yet have adequate analgesia with her device (intrathecal infusion pump), and the device was titrated. Current medications are Cyclobenzaprine, Lyrica, Percocet and Fentanyl (intrathecal infusion pump). A urine drug screen was done 9-11-15. Work status was noted as currently not working. Previous treatment includes intrathecal infusion pump and medication. The requested treatment of urinalysis was denied on 9-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis, Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

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

Decision rationale: This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids. The patient was on opioids at the time of request and therefore the request is medically necessary.