MAXIMUS Federal Services

Case Number:	CM15-0194269		
Date Assigned:	11/02/2015	Date of Injury:	11/10/2009
Decision Date:	12/18/2015	UR Denial Date:	09/29/2015
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: California
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 48 year old male, who sustained an industrial injury on 11-10-09. The documentation on 9-3-15 noted that the injured worker has complaints of axial left-sided low back pain. The injured worker denies any radicular symptoms in the lower extremities. He notes aggravation of low back pain with any type of lumbar extension and twisting motions and lateral bending and he denies any lower extremity weakness. The diagnoses have included lumbago; degeneration of lumbar or lumbosacral intervertebral disc and sprain of lumbar. Treatment to date has included yoga; swimming; elliptical exercises; completed 24 visits of acupuncture with significant improvement in symptoms; lumbar facet radio frequency ablation on 4-26-12; physical therapy; chiropractic treatments; Left L4-L5 and L5-S1 (sacroiliac) transforaminal epidural steroid injection on 5-26-15 with greater than 50 percent improvement in symptoms; norco for breakthrough pain; oxycodone for severe breakthrough pain; gabapentin for neuropathic pain; naprosyn anti-inflammatory and omeprazole. The original utilization review (9-29-15) non-certified the request for active medicated specimen collection kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Active medicated specimen collection kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement, Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. In this case, the medical records do not establish that there is concern for the aforementioned to support the request for Active medicated specimen collection kit. The injured worker's prior urine drug screens have been consistent and there is no evidence of abuse or diversion. The request for Active medicated specimen collection kit is not medically necessary.