

Case Number:	CM15-0195698		
Date Assigned:	10/09/2015	Date of Injury:	08/22/2011
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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: New Jersey, New York
 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:

This 50 year old male sustained an industrial injury on 8-22-11. Documentation indicated that the injured worker was receiving treatment for chronic pain syndrome with shoulder pain, bilateral knee pain, cervicgia and lumbago with degeneration of lumbar disc. Previous treatment included physical therapy, acupuncture, H-wave, heat, ice, home exercise and medications. In a PR-2 dated 5-11-15, the injured worker complained of ongoing neck, left shoulder, bilateral knee and low back pain, rated 7-8 out of 10 on the visual analog scale without medications and 6-7 out of 10 with medications. The injured worker reported that medications helped with pain and were well tolerated. Physical exam was remarkable for tenderness to palpation over the cervical spine paraspinal musculature with muscle tightness, decreased range of motion to the cervical spine and bilateral shoulders with pain, 5 out of 5 upper extremity strength and bilateral knees with mild swelling, tenderness to palpation and effusion bilaterally, decreased range of motion and positive left McMurray's. The physician documented that magnetic resonance imaging cervical spine 95-1-15) showed osteophyte complexes with stenosis. The physician stated that the injured worker required ongoing medication management due to ongoing pain to multiple body parts. Opioids were necessary for chronic intractable pain. Urine drug screen from 4-3-15 was consistent with prescribed medications. The treatment plan included discontinuing Norco because it caused him to itch, discontinuing Lyrica and Nucynta because they had been denied, restarting Nucynta IR and continuing Omeprazole and Celebrex. On 9-8-15, a request for authorization was submitted for retrospective urine drug screen with alcohol testing for DOS: 7-24-14, 1-3-14 and 4-13-15. On 9-24-15, Utilization Review non-certified a request for retrospective high complexity qualitative urine drug urine screen with alcohol testing for DOS: 7-24-14, 1-3-14 and 4-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective High Complexity Qualitative Urine Drug Screen with Alcohol Testing (DOS 01/03/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Work Loss Data Institute; Official Disability Guidelines (ODG) Treatment in Workers Compensation, 13th edition 2015 Pain Chapter (01/13/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

Decision rationale: The request for a urine drug screen is considered medically necessary. The patient's medications included opioids and in order to monitor effectively, the 4 A's of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. The patient was considered moderate risk for aberrant behavior, so it is reasonable to monitor with urine drug screens. Therefore, I am reversing the prior UR decision and consider this request medically necessary.

Retrospective High Complexity Qualitative Urine Drug Screen with Alcohol Testing (DOS 04/13/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Work Loss Data Institute; Official Disability Guidelines (ODG) Treatment in Workers Compensation, 13th edition 2015 Pain Chapter (01/13/2015).

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

Decision rationale: The request for a urine drug screen is considered medically necessary. The patient's medications included opioids and in order to monitor effectively, the 4 A's of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. The patient was considered moderate risk for aberrant behavior, so it is reasonable to monitor with urine drug screens. Therefore, I am reversing the prior UR decision and consider this request medically necessary.

Retrospective High Complexity Qualitative Urine Drug Screen with Alcohol Testing (DOS 07/24/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Work Loss Data Institute; Official Disability Guidelines (ODG) Treatment in Workers Compensation, 13th edition 2015 Pain Chapter (01/13/2015).

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

Decision rationale: The request for a urine drug screen is considered medically necessary. The patient's medications included opioids and in order to monitor effectively, the 4 A's of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. The patient was considered moderate risk for aberrant behavior, so it is reasonable to monitor with urine drug screens. Therefore, I am reversing the prior UR decision and consider this request medically necessary.