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| Case Number: | CM15-0198839 | | |
| Date Assigned: | 10/14/2015 | Date of Injury: | 01/01/2005 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 09/30/2015 |
| Priority: | Standard | Application Received: | 10/09/2015 |

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: Physical Medicine & Rehabilitation

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 71-year-old female who sustained an industrial injury on 1-1-2005. Diagnoses have included denervation of cervical intervertebral disc, disorders of bursa and tendons in shoulder region, lumbosacral spondylosis without myelopathy, cervicalgia, enthesopathy of hip region, and panniculitis affecting regions of the neck, back, sacral, and sacrococcygeal region. The injured worker is documented as having been treated with "conservative treatment" which includes medication. Noted in the medical record are Cyclobenzaprine, Gralise, Celebrex, and Norco. The response to medication and characterization of symptoms was not present in the provided documentation. There is a urine drug screen present in the records performed 3-2015. The treating physician has requested an active-medicated specimen collection kit which was denied on 9-30-2015.

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 Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Pain (Chronic).

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

Decision rationale: Review indicates report of previous reviews recommending weaning of Hydrocodone (Norco) for this January 2005 injury. Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic 2005 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS, last performed in March 2015. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Active-Medicated Specimen Collection Kit is not medically necessary and appropriate.