MAXIMUS Federal Services

Case Number:	CM15-0199459		
Date Assigned:	10/14/2015	Date of Injury:	12/03/2008
Decision Date:	11/24/2015	UR Denial Date:	09/23/2015
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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 is a 44 year old female with a date of injury of December 3, 2008. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, left piriformis with non-disc left leg sciatica, chronic right shoulder impingement, chronic transformed migraine headache syndrome, and cervical discogenic pain and spondylosis. Medical records (June 10, 2015; July 30, 2015; September 9, 2015) indicate that the injured worker complained of intractable neck pain with headaches. The physical exam (June 10, 2015; July 30, 2015; September 9, 2015) reveals severe cervical spine tenderness, restricted range of motion of the cervical spine, positive axial head compression test, decreased range of motion of the right shoulder, and persistent piriformis tenderness. Treatment has included medications (Topamax, Nexium, Remeron, Butrans, Cymbalta, Maxalt, Lyrica, and Linzess since at least June of 2015). The urine drug screens (March 4, 2015; June 10, 2015; September 9, 2015) were negative for opioids and benzodiazepines. The original utilization review (September 23, 2015) non-certified a request for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of outpatient point-of-contact urine drug screen for DOS: 09/0915:
Upheld

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 (Classification), Opioids, criteria for use, Opioids, dealing with misuse & addiction, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT) and Other Medical Treatment Guidelines Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens.

Decision rationale: Retrospective review of outpatient point-of-contact urine drug screen for DOS: 09/0915 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines, the updated ACOEM guidelines and the ODG. The documentation indicates that opioids are not being prescribed according to the criteria outlined in the MTUS, ACOEM or the ODG. The many urine drug screens that have been performed were not performed according to the recommendations of the MTUS and other guidelines. The tests performed included many unnecessary tests, and 3 of the tests had inconsistent results. Given the multiple failed tests and the fact that drug test results are not used to alter the treatment plan, and that testing is not performed according to the guideline recommendations, any additional urine drug screens are not medically necessary.