

Case Number:	CM15-0205900		
Date Assigned:	10/22/2015	Date of Injury:	03/26/2010
Decision Date:	12/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/20/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 29 year old female with a date of injury on 3-26-10. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain. Progress report dated 9-2-15 reports ongoing severe right lower back pain and tingling right foot. She reports a severe pain exacerbation last month after an exercise session and she is much better now. She needs a medication refill and reports the medication helps increase function with work, school, activities of daily living, mobility and restorative sleep. The pain is rated 3 out of 10 with medication and 8 out of 10 without medication. She denies medication side effects and is at the lowest effective dose. Objective findings: she walks favoring her right lower extremity, motor strength is 5 out of 5. Treatments include: medication, exercise instruction and psychotherapy. Request for authorization was made for Urine drug screen, (retrospective DOS 09/02/2015). Utilization review dated 9-21-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, (retrospective DOS 09/02/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing right lower back pain and right foot tingling. Treatment recommendations included the use of three restricted medications, including two opioids. While the submitted and reviewed documentation did not include an individualized risk assessment as encouraged by the Guidelines, attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. In light of this supportive evidence, the current request for a urine drug screen is medically necessary.