

Case Number:	CM15-0205918		
Date Assigned:	10/22/2015	Date of Injury:	01/14/2011
Decision Date:	12/08/2015	UR Denial Date:	10/12/2015
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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 60 year old female who sustained an industrial injury on 1-14-2011. A review of the medical records indicates that the injured worker is undergoing treatment for status post laminectomy lumbar spine, status post cervical laminectomy, cervical spinal stenosis, spondylolisthesis, lumbar spondylosis with myelopathy and thoracic spine sprain-strain. According to the progress report dated 9-30-2015, the injured worker complained of neck pain with radiation to head and mid-back. She also complained of low back pain. The injured worker noted that when she used the Terocin patches for pain, it decreased her intake of Norco. Per the treating physician (9-30-2015), the injured worker was temporarily totally disabled. Objective findings (9-30-2015) revealed tenderness over the bicipital groove bilaterally. There was tenderness to palpation and spasm over the lumbar spine. Treatment has included surgery, physical therapy, transforaminal steroid injections and medications. Current medications included Norco, Temazepam, Bupropion and Lidoderm. The original Utilization Review (UR) (10-12-2015) denied 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:

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 2015 web-based Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids once during January-June and another July-December. The patient has been on chronic opioid therapy. Guidelines allow for urine drug screen twice yearly for patients on chronic opioid therapy. The medical documentation provided does not indicate this patient has had a urine drug screen in the past 6 months. This request is within guidelines. As such, the request for Urine drug screen is medically necessary.