

Case Number:	CM15-0205996		
Date Assigned:	10/23/2015	Date of Injury:	05/22/2007
Decision Date:	12/04/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/21/2015

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: North Carolina

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:

The injured worker is a 42 year old female with a date of injury on 05-22-2007. The injured worker is undergoing treatment for chronic intractable pain, S1 joint dysfunction, status post L4-5 TDA and L5-S1 AP fusion on 08-15-2011, L4-5 and L5-S1 disc degeneration, right L5-S1 facet arthropathy, lumbar radiculopathy, greater trochanter bursitis and ischial tuberosity bursitis. A physician progress note dated 09-21-2015 documents the injured worker complains of increased lower back pain with right posterior thigh numbness and mid back pain. She rates her pain as 7 out of 10 on the Visual Analog Scale without medications and 4 out of 10 on the Visual Analog Scale with medications. There is palpable tenderness of the paravertebral muscle bilaterally. She has tenderness over the right sacroiliac joint and mild tenderness over the right lumbosacral junction. Due to increasing complaints of lower back pain the injured worker was given right lumbosacral junction trigger point injections. Her medications provide nearly 50% reduction in her pain level. There is a current pain contract on file and she does provide random urine drug screens. Treatment to date has included diagnostic studies, and medications. A urine drug screen was done on 06-29-2015 and Norhydrocodone was detected. Current medications include Norco, Baclofen, Prilosec and Ibuprofen. The treatment plan included a right lumbosacral junction injection, she will continue with her medications and a urine drug screen was done. On 09-21-2015 Utilization Review non-certified the request for a urine drug screen 07-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Urine Drug Screen DOS 7/21/15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids. The patient was on opioids at the time of request and therefore the request is medically necessary.