

Case Number:	CM15-0209845		
Date Assigned:	10/28/2015	Date of Injury:	04/20/2011
Decision Date:	12/09/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/23/2015

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: Internal 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:

The injured worker is a 48 year old female, who sustained an industrial injury on 04-20-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbosacral neuritis, fibromyalgia, lumbar post laminectomy syndrome, and chronic pain syndrome. Medical records (06-26-2015 to 09-11-2015) indicate ongoing neck, shoulder, mid and low back pain, lower extremity pain, and constipation. Pain levels were rated 6-9 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity level or level of functioning. The IW's work status was not specified. The physical exam, dated 09-11-2015, revealed sensitivity from the mid-back below the scapula down to the entire lumbar and low back area, positive straight leg raises, and hypersensitivity in the lower mid back. Relevant treatments have included: physical therapy (PT), work restrictions, and medications which included Butrans, Ambien, Soma, Nucynta ER, Cymbalta, Percocet, Prevacid and Kristalose. The urine drug screens collected on 06-26-2015 and 09-11-2015 was noted to have inconsistent findings. The request for authorization was not available for review; however, the utilization review letter states that the following test was requested on 09-28-2015: Retrospective UDS (DOS 9-17-15) #1. The original utilization review (10-13-2015) non-certified the request for Retrospective UDS (DOS 9-17-15) #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective UDS (DOS 9/17/15) #1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Criteria for Use of Urine Drug Testing (UDT).

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

Decision rationale: The MTUS states that urine drug screening is recommended as an option in assessing for the use or presence of illegal drugs. It also states that prior to the use of opioid pain medication that urine drug screening is an option to screen for the presence of illegal drugs. The above patient is on both percocet and butrans and it would be beneficial to monitor for any illicit drug use or improper compliance of drug regimen. Therefore, the drug screening should be afforded to the patient. The request is medically necessary. The UR decision is overturned.