

Case Number:	CM15-0024145		
Date Assigned:	02/13/2015	Date of Injury:	04/01/2009
Decision Date:	04/06/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31-year-old female who reported an injury on 04/01/2009. The mechanism of injury was not stated. The current diagnoses include CRPS in the right upper extremity, status post spinal cord stimulator in 05/2010, major depression/anxiety disorder, and chronic myofascial pain syndrome. The injured worker presented on 01/07/2015 for a followup evaluation with complaints of neck, upper and lower back pain as well as constant intractable pain in the right arm and hand. It was also noted that the injured worker had been under the care of the psychiatrist for depressive/anxiety issues as well as insomnia. Upon examination, there was slightly restricted range of motion of the cervical and thoracic spine, multiple myofascial trigger points, diffuse tenderness around the right wrist, and decrease sensation to find touch and pinprick in all digits of the right hand. The injured worker was also unable to make a grip with her right hand. Recommendations included continuation of the current medication regimen of methadone 5 mg, Nucynta 100 mg, Norco 10/325 mg, Colace 250 mg, Buspar 15 mg, and Zoloft 50 mg. A urine drug screen was also recommended on that date. A Request for Authorization form was then submitted on 01/08/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography Quantitative: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screens. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.