

Case Number:	CM15-0212629		
Date Assigned:	11/02/2015	Date of Injury:	06/18/2010
Decision Date:	12/15/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53-year-old male who sustained an industrial injury on 6-18-2012 and has been treated for degeneration of cervical disc. He has a diagnosis of long-term use of medication. On 8-20-2015 the injured worker reported with right trapezius pain and numbness. Pain was stated to be reduced from 10 out of 10 to a 5 out of 10 VAS rating due to medication. Documented medication treatment includes Nabumetone-relafen, Orphenadrine-norflex, Pantoprazole-protonix, and Buprenorphine sublingual troches. This medication regimen is noted in the documentation since at least 3-12-2015. The physician states that there have been no signs of abuse or aberrant behavior, no side effects, and CURES reports in previous notes are said to be "consistent." Urine drug screenings are noted to be conducted to "check compliance of Buprenorphine," and the last screening noted from 4-30-2015 was said to be positive for buprenorphine and "negative" for other illicit substances or medications. The treating physician's plan of care includes a retrospective request for urine drug screening dated 8-20-2015 which was denied on 10-7-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen DOS 8-20-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, tools for risk stratification & monitoring.

Decision rationale: The claimant sustained a cumulative trauma work injury to the neck and low back with date of injury in June 2010. He had a history of lumbar spine and cervical spine surgery prior to injury and underwent a second cervical spine surgery after the injury where a fusion was done. Medications included Norco which was changed to buprenorphine due to the claimant having constant pain. Urine drug screening in April 2015 showed consistent results. When seen in August 2015 medications were decreasing pain from 10/10 to 5/10 with improved activities of daily living and the claimant was continuing to work. He was not having side effects and there was no apparent drug behavior. His opioid risk score was zero. Physical examination findings included decreased and painful cervical spine range of motion. Nabumetone, orphenadrine, pantoprazole, and buprenorphine sublingual troches were prescribed. Urine drug screening was performed. Criteria for the frequency of urine drug screening includes an assessment of risk. In this case, there is no evidence of symptom magnification or hyperalgesia. There is no evidence of poorly controlled depression or history of alcohol or drug abuse. Buprenorphine was started for sustained pain relief when Norco was being prescribed. A high MED (morphine equivalent dose) of any opioid medication is not documented. The claimant's prior urine drug screening in April 2015 was consistent with the medication prescribed. In this case, the claimant would be considered at low risk for medication misuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. This request for urine drug screening less than 6 months after the previous testing is not considered medically necessary.