

Case Number:	CM15-0218034		
Date Assigned:	11/09/2015	Date of Injury:	12/07/2006
Decision Date:	12/21/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/05/2015

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: Florida

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:

This is a 55 year old female who sustained a work-related injury on 12-7-06. Medical record documentation on 10-21-15 revealed the injured worker was being treated for lumbago with sciatica, cervicalgia and chronic pain syndrome. She reported headaches, left arm pain, low back pain and bilateral hand pain. She reported that her pain level remained unchanged since the previous visit and she rated her pain a 5 on a 10-point scale. The evaluating physician noted that her medications were working well with no side effects noted. She had no evidence of developing medication dependency and no medication abuse was suspected (documented 4-24-15, 6-17-15, 7-21-15, 8-24-15 and 9-22-15). Urine drug screens on 3-25-15 and 8-24-15 were documented as being "within normal limits" of the prescribed medications. Her medication regimen included Oxycontin 60 mg, Soma 350 mg, Ambien Cr 12.5 mg, Norco 10-325 mg, Xanax 0.5 mg, Tramadol Hcl 50 mg, and Flector patches 1.3%. Objective findings on 10-21-15 included tenderness to palpation at the left trapezius and bilateral lumbar paraspinal muscles. She had tenderness noted over the posterior and superior iliac spines and motor testing was limited by pain. A request for urine drug screen was received on 10-27-15. On 10-28-15, the Utilization Review physician determined a urine drug screen was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Drug Screens, Online 2015 edition.

Decision rationale: The ODG states that individuals considered at low risk for aberrant behavior should be screened within 6 months of the initiation of therapy and then on a yearly basis thereafter. This patient is considered low risk for aberrant behavior, and has already had two drug screens this year. An additional test is not medically necessary.