

Case Number:	CM15-0042357		
Date Assigned:	03/12/2015	Date of Injury:	05/31/2012
Decision Date:	04/22/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/06/2015

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: 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 63 year old female, who sustained an industrial injury on May 31, 2012. She reported neck pain, lower back pain, left shoulder pain, left elbow pain, left knee pain, and left foot pain. Diagnoses have included cervical spine discopathy, left elbow fracture, left knee internal derangement, left shoulder musculoligamentous injury, and left heel fracture. Treatment to date has included medications, home exercise, and lumbar spine fusion. A progress note dated December 23, 2014 indicates a chief complaint of left foot pain. The treating physician documented a plan of care that included medications. The medical record noted that the injured worker had good pain reduction with Vimovo and did not have good relief with Norco and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

Decision rationale: This patient is treated for low back pain after a injury on 05/31/2012 and L foot pain from a subsequent injury. The patient had an anterior approach lumbar spinal fusion at L2-L4 on 11/20/2013. The documentation states that Vimovo, an NSIAD, provided better relief than did the Norco, an opioid. The documentation on 10/1/2014 states that the patient has been compliant with the treatment program. There were no clinical "red flags" to suggest opioid abuse. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). The urine drug screen is not medically necessary.