

Case Number:	CM15-0048160		
Date Assigned:	03/20/2015	Date of Injury:	04/13/2010
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/13/2015

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 36 year old male, who sustained an industrial injury on April 13, 2010. He reported low back pain. The injured worker was diagnosed as having low back pain, bilateral hip pain, and left gluteal bursitis. Treatment to date has included medications, transforaminal steroid injection, and functional restoration program. On January 5, 2015, he is seen for continued low back pain, and numbness in the right leg going from the knee to the foot. A urine drug screen dated January 21, 2015 is provided and is consistent with prescribed medications. On February 16, 2015, he indicates he has to use Cannabis to control the pain and spasms. The request is for an addiction evaluation and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Addiction Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American

College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The urine drug screen dated 1/5/15 was positive for opiates and cannabinoids. The primary treating physician's progress report dated 1/5/15 documented that the patient states that he unknowingly took a drink at a friend's house that was spiked with Adderall and Ativan. He states that he takes Percocet tablets from his mother. The medical records document aberrant drug-taking behavior. The primary treating physician's progress report dated 1/5/15 documented the patient will need an addiction evaluation before he can receive any more opiate analgesics. The medical records indicate that the patient would benefit from the expertise of an addiction specialist. The request for addiction specialty referral is supported by MTUS and ACOEM guidelines. Therefore, the request for addiction evaluation is medically necessary.

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The urine drug screen dated 1/5/15 was positive for opiates and cannabinoids. The primary treating physician's progress report dated 1/5/15 documented that the patient states that he unknowingly took a drink at a friend's house that was spiked with Adderall and Ativan. He states that he takes Percocet tablets from his mother. The medical records document aberrant drug-taking behavior. MTUS

guidelines support the use of urine drug testing as a step to take for the use of opioids. Therefore, the request for a urine drug screen is medically necessary.