MAXIMUS Federal Services

Case Number:	CM15-0049342		
Date Assigned:	04/20/2015	Date of Injury:	10/29/2014
Decision Date:	05/22/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/16/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 32 year old female who sustained an industrial injury on 10/28/14. Initial complaints and diagnoses are not available. Treatments to date include acupuncture, physical therapy, and medications. Diagnostic studies include nerve conduction studies and a MRI of the lumbar spine. Current complaints include back pain which radiates to the right lower extremity. Current diagnoses include lumbar sprain/strain, lumbar annular tear with radiculopathy, and bilateral neuroforaminal stenosis. In a progress note dated 02/20/15 the treating provider reports the plan of care as continued physical therapy, orthopedic shockwave therapy, acupuncture, surgical consultation, pain management specialist, topical compound and transdermal medications, and a urine toxicology screening. The requested treatment is a urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, page(s) 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the right leg, large abnormal veins in the right leg, and anxious and depressed moods. Treatment recommendations included the use of a restricted medication, although not an opioid. While the submitted documentation did not include an individualized risk assessment as encouraged by the Guidelines and did not include the results of prior urinary drug screen testing, attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. In light of this supportive evidence, the current request for urine toxicology screening is medically necessary.