

Case Number:	CM15-0050774		
Date Assigned:	03/24/2015	Date of Injury:	01/01/2001
Decision Date:	05/06/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 46-year-old female, who sustained an industrial injury on January 1, 2001. She reported pain in the neck, back and upper extremity. The injured worker was diagnosed as having shoulder joint pain, degenerative disc disease, cervical spondylosis, chronic intractable pain and knee joint pain. Treatment to date has included radiographic imaging, diagnostic studies, conservative treatments, medications and work restrictions. Currently, the injured worker complains of constant intractable pain in the neck, back, upper extremities and knee. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on November 25, 2014, revealed continued pain. The plan was to try Botox for chronic myofascial pain, physical therapy for bilateral shoulder impingement syndrome, renewal of medications and a drug screen panel to monitor prescription drug levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Full panel drug screen, provided on February 26, 2015: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: Respectfully disagree with the UR physician. The previous review states that it is unclear at what risk level the patient has been assessed at. However, the California MTUS treatment guidelines support the use of urine drug screening as part of ongoing chronic opioid management. Routine use of urine drug screening for patients on chronic opioids is recommended, as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. When noting the injured employees prescription opioid medications with abuse potential, there is a clear clinical indication for the use of urine drug screening for the management of this individual's chronic pain. Therefore, this request is considered medically necessary.