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| Case Number: | CM15-0051684 | | |
| Date Assigned: | 03/25/2015 | Date of Injury: | 02/27/2011 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 03/18/2015 |

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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:

This 54 year old male sustained an industrial injury to the left foot, back and eye on 2/27/11, resulting in a left traumatic below the knee amputation, residual back pain and left lower extremity phantom limb pain. Previous treatment included physical therapy, ice, heat, transcutaneous electrical nerve stimulator unit, computed tomography, x-rays and medications. In a progress note dated 1/26/15, the injured worker complained of pain 2-3/10 on the visual analog scale to the low back with radiation down the thigh as well as stump pain and associated phantom limb pain in the left lower extremity. The injured worker reported tolerating a recent increase to the dosage of Lyrica well. Current diagnoses included lumbar spondylosis, left below the knee amputation due to trauma, left leg phantom limb pain, chronic pain syndrome and opioid dependence. The treatment plan included refilling medications (Lidoderm patch, Voltaren Gel, Naproxen, Norco and Lyrica), continuing home exercise and a referral for prosthesis. A random drug screen was done during the office visit to ensure compliance with a medication agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective random urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, urine drug testing.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case, the patient had urine drug testing in April 2014 and November 2014. The patient is not exhibiting aberrant/addiction behavior. Urine drug testing is indicated annually. Urine drug testing is not indicated until November 2015. The request is not medically necessary.