MAXIMUS Federal Services

Case Number:	CM15-0056059		
Date Assigned:	04/01/2015	Date of Injury:	08/23/2013
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/24/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 34 year old female, who sustained an industrial injury on August 23, 2013. She reported pain in the neck and low back. The injured worker was diagnosed as having displacement of cervical intervertebral disc without myelopathy and displacement of thoracic or lumbar intervertebral disc without myelopathy. Treatment to date has included radiographic imaging, diagnostic studies, acupuncture, conservative treatments, pain medications and work restrictions. Currently, the injured worker complains of pain in the neck and low back with associated insomnia and fatigue. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on December 8, 2014, revealed continued pain. The plan included continuing medications and submitting a urinary drug screen to monitor prescription drug compliancy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p77-78 Page(s): 77-78.

Decision rationale: The claimant sustained a work-related injury in August 2013 and continues to be treated for chronic neck and back pain. When seen by the requesting provider, urine drug screening was performed and authorization for tramadol was requested. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, when tested the claimant was not taking an opioid medication. Additionally, there was no documentation of risk stratification as required. Therefore the request is not medically necessary.