

Case Number:	CM15-0058673		
Date Assigned:	04/03/2015	Date of Injury:	09/19/1998
Decision Date:	05/04/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/27/2015

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: Physical Medicine & Rehabilitation

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 63-year-old female, who sustained an industrial injury on 9/19/98. She reported initial complains of neck, low back and right shoulder. The injured worker was diagnosed as having ill-define condition; lumbago; mononeuritis arm NOS; cervicgia. Treatment to date has included drug screening for medical management; medications. Currently, the PR-2 notes dated 1/23/15, the injured worker complains of worsening pain going from right lumbar region to the right buttocks, around the right lateral hip anteriorly toward the groin, then medial thigh and finally into the upper medial knee. The pain is described as grabbing, sharp and "excruciating." Medications listed in the notes are: Valium 5mg 1 tab daily, oxycodone 5mg 6 tabs daily, Oxycontin 80mg ER 10 tabs daily, ProAir HFA 90mcg PRN, cionidine 0.1 mg 2 tabs at night, Lisinopril 10mg 1 tab morning and Provigil 200mg 1 tab morning. The provider notes the pain is debilitating, inability of self-weaning, indicates the injured worker is willing to enter a treatment program for weaning and transitioning to another pain management program. The provider is requesting a retrospective: Custom Profile Urine Drug Screen (DOS: 01/23/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Custom Profile Urine Drug Screen (DOS: 01/23/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which applies to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Retrospective: Custom Profile Urine Drug Screen (DOS: 01/23/15) is not medically necessary and appropriate.