

Case Number:	CM15-0086854		
Date Assigned:	05/11/2015	Date of Injury:	01/22/2003
Decision Date:	06/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/06/2015

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: Preventive Medicine, Occupational 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 64 year old female, who sustained an industrial injury on 01/22/2003. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic neck pain, chronic cervical degenerative disc disease, cervical spinal stenosis, chronic pain syndrome, chronic thoracic spine pain, chronic cervical spondylosis with myelopathy, adjustment disorder with anxiety, comprehensive opioid addiction treatment (COAT), and depression. Treatment and diagnostic studies to date has included medication regimen, physical therapy, and magnetic resonance imaging of the neck spine. In a progress note dated 04/07/2015 the treating physician reports complaints of aching, deep, dull, and throbbing pain to the upper back, legs, and neck that radiate to the bilateral ankles, left arm, bilateral calves, bilateral feet, bilateral thighs, neck, head, and ears. The pain level was rated a 10 on a scale of 1 to 10 with 10 being the highest amount of pain. The injured worker also rated how the pain interfered with activities of daily living on a scale of 0 to 10 as a 7 with 10 as being unable to carry out any activities of daily living. The treating physician noted the injured worker's current medication list of Trental, Mirapex, Ibuprofen, Lexapro, and Oxycontin. The progress note indicates that the Mirapex allows the injured worker to feel less achy along with improvement in sleep, the Trental has assisted with her leg pain, use of a nonsteroidal anti-inflammatory (NSAID) is assisting her to be more productive and active, Oxycontin ER assists with relief of pain and with Ibuprofen is noted to give her 100% of pain relief at times allowing her to perform activities inside and outside of the house, and the Lexapro assists with the treatment of her depression and anxiety.

The treating physician requested the laboratory studies of a complete blood count, enzyme immunoassay 9 (EIA9) with alcohol, reflex urine study, Oxycodone and metabolite serum, and a complete urinalysis noting that these laboratory studies were requested for the injured worker's diagnosis of comprehensive opioid addiction treatment (COAT).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CBC EIA9 with alcohol and Rflx urine Oxycodone and Metabolite serum: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Luehr D, Woolley T, Burke R, Dohmen D, Hayes R, Johnson M, Kerandi H, Margolis K, Marshall M, O'Connor P, Pereira C, Reddy G, Schlichte A, Schoenleber M. Hypertension diagnosis and treatment. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Nov. 67 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen section Opioids, criteria for use section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular, when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker is reported to be low risk for aberrant drug behavior. The uses of blood tests for drug screening are not necessary with the use of urine drug screen. The request for 1 CBC EIA9 with alcohol and Rflx urine Oxycodone and Metabolite serum is determined to be medically necessary.

1 complete urinalysis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Opioids Criteria for Use Section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular, when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per available documentation, the complete urinalysis is ordered with the intent to check for opioid compliance and/or abuse. The injured worker is at a low risk for abuse and had a urine drug screen in 10/2014, but periodic screening is still indicated while being prescribed opioids for chronic pain. The request for 1 complete urinalysis is determined to be medically necessary.