

Case Number:	CM15-0088501		
Date Assigned:	05/12/2015	Date of Injury:	04/18/2001
Decision Date:	06/22/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/08/2015

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: Internal 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 is a 66 year old female with an April 18, 2001 date of injury. A progress note dated January 15, 2015 documents subjective findings (leg pain, back pain; pain is constant), objective findings (exhibiting the usual pain behaviors and appears miserable), and current diagnoses (refractory pain to the low back and legs secondary to failed back surgery; failed spinal cord stimulator). Treatments to date have included medications, back surgery, spinal cord stimulator, use of a cane, and imaging studies. The medical record identifies that the dosage of opioid pain medications was recently decreased, and that the injured worker was experiencing increased pain and decreased functional capacity. The treating physician documented a plan of care that included a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Review - Urine Drug Screen (Dos 6-20-14 and 1-15-15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The pain institute progress report dated 05-22-2014 documented prescriptions for Norco (Hydrocodone) and MS Contin (Morphine). The pain institute progress report dated 07-22-2014 documented prescriptions for Norco (Hydrocodone) and MS Contin (Morphine). The pain institute progress report dated 01-15-2015 documented prescriptions for Norco (Hydrocodone) and MS Contin (Morphine). MTUS guidelines support the use of urine drug screen for patients prescribed opioids. Therefore, the request for urine drug screen is medically necessary.