

Case Number:	CM14-0135652		
Date Assigned:	08/29/2014	Date of Injury:	06/20/2013
Decision Date:	10/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35 year old female with complaints of cervical region pain. The urine drug screen completed on 07/15/14 indicates the injured worker showing positive findings for the use of Soma and Norco. The psychological test dated 07/02/14 indicates the injured worker scoring a 25 on her BDI-2 indicating moderate levels of depressive symptomology. The injured worker also scored a 16 on the BAI exam revealing mild anxiety levels. The clinical note dated 06/17/14 indicates the injured worker complaining of bilateral carpal tunnel syndrome symptoms. The injured worker also reported pain at the shoulders and neck. The injured worker had been placed at light duty at her work secondary to complaints of an ergonomically incorrect workplace. The injured worker rated her pain levels at 8-10/10 at that time. The clinical note dated 06/06/14 indicates the injured worker being prescribed the use of Norco for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug screening toxicology: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, step to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The request for drug screen toxicology is certified. The documentation indicates the injured worker complaining of pain at several sites. There is an indication the injured worker is being prescribed the use of opioid therapy to include Norco. Given the ongoing use of opioids it would be reasonable for the injured worker to undergo periodic drug screening, in order to ensure the injured worker's compliance in effectiveness of the medication. Given the injured worker's ongoing use of opioid therapy, this request is reasonable.