

Case Number:	CM14-0160411		
Date Assigned:	10/06/2014	Date of Injury:	12/09/2004
Decision Date:	11/06/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 48-year-old female who reported injury on 12/09/2004. The injured worker was pulling a cabinet away from a wall in a classroom at work in order to retrieve some butcher paper that was behind the cabinet. The injured worker stated she struggled to move the cabinet. Upon doing so, the roll of butcher paper fell directly onto her right foot. The injured worker stated she had immediate onset of right foot pain and swelling, which she reported to her supervisor. The treatment history included x-rays, therapy, medications, and neurological studies of her right foot, acupuncture treatment, biofeedback therapy, and urine drug screens. In the documentation submitted, the injured worker had a urine drug screen on 05/07/2014 that was negative for Zolpidem. The injured worker was evaluated on 07/16/2014. It was documented that the injured worker complained of constant neck pain rated at 6/10 to 7/10, which radiated into bilateral extremities with associated stiffness. She also complained of constant low back pain rated at 8/10, which radiated into the bilateral lower extremities with associated spasm. In addition, she complained of constant pain in the bilateral wrists/hands, and bilateral knees, all rated 5/10 to 6/10, with associated numbness and tingling. The injured worker's bowel movements were irregular with constipation. Her quality of life was limited due to pain. Her current medications include Lyrica, One Daily Maximum, Senokot-7, Flexeril, Lidoderm patch and topical cream, which provide 60% relief with increased activities of daily living. She reported rashes and burning as side effects of the medications. Examination of her lumbar spine revealed tenderness to palpation over the sacroiliac joint. Patrick (faber) Gaenslen's test, sacroiliac compression test, and Yeoman's sign were positive on the left and negative on the right. The injured worker had a urine drug screen on 07/16/2014 that was negative for barbiturates, and benzodiazepines. Diagnoses included status post fall, with flare up of lumbar spine, fibromyalgia syndrome, complex regional pain syndrome in the bilateral lower

extremities, anxiety/depression secondary to industrial injury and pain, chronic pain syndrome, gastritis probably secondary to medications, sleep apnea, acute sprain/strain of the left lumbar spine, and left, middle, and ring finger tendonitis and osteoarthritis. Request for Authorization dated 07/16/2014 was for toxicology urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Toxicology Urine Drug Screen, DOS: 7/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77, 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Opioids, Differentiation; dependence & addiction. Page(s): 43, 85.

Decision rationale: The request for urine drug toxicology screening is not medically necessary per the California (MTUS) Chronic Pain Medical Guidelines, urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids and ongoing management: opioids, differentiation: dependence and addiction; opioids, screening for risk of addiction (tests); and opioids, steps to avoid misuse/addiction. The injured worker had a urine drug screen that negative for all prescribed drugs and Barbiturates and Benzodiazepines on 05/07/2014 and 07/16/2014. The guideline also states if a urine drug screen is negative for prescribed scheduled drugs, confirmatory testing is strongly recommended for the questioned drug. If negative on a confirmatory testing, the prescriber should indicate if there is a valid reason for the observed negative test, or if the negative test suggests misuse or noncompliance. Additional monitoring is recommended, including pill counts. Recommendations also include measures such as prescribing fewer pills and/or fewer refills. A discussion of clinical policy and parameters in the patient's opioid agreement is recommended. Weaning or termination of a prescription should be considered in absence of valid explanation. As such, the request for retro toxicology urine drug screen, DOS 07/16/2014, is not medically necessary.