MAXIMUS Federal Services

Case Number:	CM14-0161965		
Date Assigned:	10/07/2014	Date of Injury:	01/11/2013
Decision Date:	11/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/02/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 39-year-old woman with a date of injury of 01/11/2013. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [redacted] dated 06/25/2014, 07/23/2014, 08/20/2014, and 09/18/2014 indicated the worker was experiencing pain and stiffness in the neck and upper back, increased sweating, and some difficulty swallowing. Documented examinations consistently described distress due to pain, tenderness in the neck muscles, and decreased motion in the neck and upper back joints. Qualitative urinary drug screen and creatinine studies dated 06/25/2014, 07/23/2014, and 08/20/2014 showed inconsistent results; confirmatory testing was not submitted. The reviewed documentation concluded the worker was suffering from neck pain and fibromyalgia. Recommended treatment included continued the pain medications, monitoring with urinary drug screening and creatinine, myofascial release therapy, massage, cervical pillow, TENS, follow up care, and genetic testing looking for possible drug metabolism issues. A Utilization Review decision by [redacted] was rendered on 09/18/2014 recommending non-certification for a prospective urinary assay of creatinine and a qualitative urinary drug screen and a retrospective urinary assay of creatinine and a qualitative urinary drug screen for 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review- drug screen qualitative (DOS 7-23-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for UseOpioids, Steps to Avoid Misuse/Addiction, Page(s): 76-80 94-95..

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screen testing as one of several important steps to avoid the misuse of these medications and/or addiction. The assay of urinary creatinine is used as a screening guide to suggest if the sample may have experienced tampering with chemicals intended to alter the results of the urinary drug screen. Confirmatory testing is needed to more conclusively determine if drug testing results are accurate, especially when they show unexpected findings. The submitted and reviewed documentation indicated the worker was experiencing pain and stiffness in her neck and upper back, among other issues. Treatment included the use of three opioid medications. Qualitative urinary drug screen and creatinine studies dated 06/25/2014, 07/23/2014, and 08/20/2014 showed inconsistent results. Confirmatory testing was mentioned as planned but was not submitted or discussed. The documentation did not include an individualized risk assessment for this worker or a discussion indicating the reason for the inconsistent results, subsequent treatment changes, or the reason(s) to not change the treatment. In the absence of such evidence, the current request for a retrospective qualitative urinary drug screen for 07/23/2014 is not medically necessary.

Retrospective review- assay of urine creatinine (DOS 7-23-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for UseOpioids, Steps to Avoid Misuse/Addiction Page(s): 76-80 94-95..

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screen testing as one of several important steps to avoid the misuse of these medications and/or addiction. The assay of urinary creatinine is used as a screening guide to suggest if the sample may have experienced tampering with chemicals intended to alter the results of the urinary drug screen. Confirmatory testing is needed to more conclusively determine if drug testing results are accurate, especially when they show unexpected findings. The submitted and reviewed documentation indicated the worker was experiencing pain and stiffness in her neck and upper back, among other issues. Treatment included the use of three opioid medications. Qualitative urinary drug screen and creatinine studies dated 06/25/2014, 07/23/2014, and 08/20/2014 showed inconsistent results.

Confirmatory testing was mentioned as planned but was not submitted or discussed. The documentation did not include an individualized risk assessment for this worker or a discussion indicating the reason for the inconsistent results, subsequent treatment changes, or the reason(s) to not change the treatment. In the absence of such evidence, the current request for a retrospective urinary assay of creatinine for 07/23/2014 is not medically necessary.

Prospective review- drug screen qualitative: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for UseOpioids, Steps to Avoid Misuse/Addiction Page(s): 76-80 94-95..

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screen testing as one of several important steps to avoid the misuse of these medications and/or addiction. The assay of urinary creatinine is used as a screening guide to suggest if the sample may have experienced tampering with chemicals intended to alter the results of the urinary drug screen. Confirmatory testing is needed to more conclusively determine if drug testing results are accurate, especially when they show unexpected findings. The submitted and reviewed documentation indicated the worker was experiencing pain and stiffness in her neck and upper back, among other issues. Treatment included the use of three opioid medications. Qualitative urinary drug screen and creatinine studies dated 06/25/2014, 07/23/2014, and 08/20/2014 showed inconsistent results. Confirmatory testing was mentioned as planned but was not submitted or discussed. The documentation did not include an individualized risk assessment for this worker or a discussion indicating the reason for the inconsistent results, subsequent treatment changes, or the reason(s) to not change the treatment. In the absence of such evidence, the current request for a prospective qualitative urinary drug screen is not medically necessary.

Prospective review- assay of urine creatinine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for UseOpioids, Steps to Avoid Misuse/Addiction Page(s): 76-80 94-95..

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screen testing as one of several important

steps to avoid the misuse of these medications and/or addiction. The assay of urinary creatinine is used as a screening guide to suggest if the sample may have experienced tampering with chemicals intended to alter the results of the urinary drug screen. Confirmatory testing is needed to more conclusively determine if drug testing results are accurate, especially when they show unexpected findings. The submitted and reviewed documentation indicated the worker was experiencing pain and stiffness in her neck and upper back, among other issues. Treatment included the use of three opioid medications. Qualitative urinary drug screen and creatinine studies dated 06/25/2014, 07/23/2014, and 08/20/2014 showed inconsistent results. Confirmatory testing was mentioned as planned but was not submitted or discussed. The documentation did not include an individualized risk assessment for this worker or a discussion indicating the reason for the inconsistent results, subsequent treatment changes, or the reason(s) to not change the treatment. In the absence of such evidence, the current request for a prospective urinary assay of creatinine is not medically necessary.