

Case Number:	CM14-0164202		
Date Assigned:	10/09/2014	Date of Injury:	09/19/2011
Decision Date:	11/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/06/2014

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, has a subspecialty in Family Practice and is licensed to practice in Ohio. 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 female with a date of injury of 9-19-2011 when she had a slip and fall. She complains of diffuse musculoskeletal pain, numbness and tingling in the extremities, depression with hallucinations, and anxiety. The physical exam reveals wide-spread muscular tenderness and diminished range of motion of the cervical spine, both shoulders, and both hips. Her diagnoses include chronic pain syndrome, myofascial strain/sprain of the neck and back, vitamin D deficiency, anxiety and depression with psychotic features. She had an inpatient stay for a suicide attempt in June of 2014. The current medications appear to be gabapentin, vitamin D, Cymbalta, and medical marijuana. The Cymbalta has helped her depression and hallucinations. She has refused referrals to psychiatry.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG TEST QUALITATIVE POINT OF CARE TEST AND QUALITATIVE LAB CONFIRMATIONS X 4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing and Opioids, tools for risk stratification & monitoring

Decision rationale: Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The indications for urine drug testing are: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. (4) If aberrant behavior or misuse is suspected and/or detected. Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. In this instance, the injured worker may certainly be considered high risk for addiction given her comorbid psychiatric diagnoses, prior suicide attempt, and unclear pattern of benzodiazepine use from a different prescriber, use of medical marijuana, and refusal for psychiatric evaluation. While urine drug testing guidelines generally apply to those taking or being considered for opioids, they may also be interpreted to apply to those who are not being prescribed legal opioids when the possibility of addiction is high, as it is in this case. Therefore, Urine Drug Test Qualitative Point of Care Test and Qualitative Lab Confirmations X 4 is medically necessary.

POOL THERAPY X 12 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Aquatic therapy

Decision rationale: Aquatic or pool based therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this instance, there are no medical records to suggest that the injured worker has extreme obesity or cannot utilize land-based therapies. Therefore, pool therapy x 12 visits is not medically necessary.

