

Case Number:	CM14-0089688		
Date Assigned:	08/08/2014	Date of Injury:	01/10/2011
Decision Date:	10/01/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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 Nevada. 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 records, presented for review, indicate that this 59 year old female was reportedly injured on January 10, 2011. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated July 9, 2014, indicated that there were ongoing complaints of head, neck, upper back, bilateral shoulder, bilateral elbow, and bilateral ankle feet pains. The physical examination demonstrated a well-developed, well-nourished individual in mild distress, antalgic gait pattern was noted, decrease in left shoulder range of motion was reported, positive Hawkin's test was also identified, decrease in lumbar spine range of motion was also noted, motor function was 5/5, and there was diminished sensation in the C7 and C8 dermatomes in the left upper extremity as well as L5 and S1 dermatomes in the right lower extremity. Diagnostic imaging studies objectified degenerative changes in the lumbar spine. MRI of the cervical spine again noted degenerative changes and no acute osseous abnormalities. Previous treatment included multiple conservative interventions, medications, physical therapy and pain management interventions. A request was made for urine drug screen and was not certified in the preauthorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen, Opiate(s), drug and metabolites, Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), the standards for urine drug screening are established. Based on the progress notes presented for review, there is no indication of any illicit drug use, inappropriate drug use, excessive drug use, deviation, intoxication or any other pattern of behavior that would warrant such a study. Therefore, based on the clinical information presented for review, this is not clinically indicated.

Urine Drug Screen, Barbiturates, Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS) guidelines, the standards for urine drug screening are established. Based on the progress notes presented for review, there is no indication of any illicit drug use, inappropriate drug use, excessive drug use, deviation, intoxication or any other pattern of behavior that would warrant such a study. Therefore, based on the clinical information presented for review, this is not clinically indicated.

Urine Drug Screen, Drug screen, qualitative, multiple drug classes by high complexity, Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), the standards for urine drug screening are established. Based on the progress notes presented for review, there is no indication of any illicit drug use, inappropriate drug use, excessive drug use, deviation, intoxication or any other pattern of behavior that would warrant such a study. Therefore, based on the clinical information presented for review, this is not clinically indicated.

Urine Drug Screen, Flurazepam, Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), the standards for urine drug screening are established. Based on the progress notes presented for review, there is no indication of any illicit drug use, inappropriate drug use, excessive drug use, deviation, intoxication or any other pattern of behavior that would warrant such a study. Therefore, based on the clinical information presented for review, this is not clinically indicated.

Urine Drug Screen, Meprobamate, Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Criteria for use of opioids, page 78

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), the standards for urine drug screening are established. Based on the progress notes presented for review, there is no indication of any illicit drug use, inappropriate drug use, excessive drug use, deviation, intoxication or any other pattern of behavior that would warrant such a study. Therefore, based on the clinical information presented for review, this is not clinically indicated.

Urine Drug Screen, Methadone, Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), the standards for urine drug screening are established. Based on the progress notes presented for review, there is no indication of any illicit drug use, inappropriate drug use, excessive drug use, deviation, intoxication or any other pattern of behavior that would warrant such a study. Therefore, based on the clinical information presented for review, this is not clinically indicated.

Urine Drug Screen, Drug confirmation, Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), the standards for urine drug screening are established. Based on the progress notes presented for

review, there is no indication of any illicit drug use, inappropriate drug use, excessive drug use, deviation, intoxication or any other pattern of behavior that would warrant such a study. Therefore, based on the clinical information presented for review, this is not clinically indicated.