

Case Number:	CM14-0157009		
Date Assigned:	09/29/2014	Date of Injury:	09/19/1996
Decision Date:	01/22/2015	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational 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 male with a date of injury of 9/19/1995. Per pain management progress report dated 4/15/2014, the injured worker complains of chronic pain that has not changed. He takes Percocet and says that it helps his pain but it is not strong enough and it does not last long enough to get his pain down when he is flared and because of the denial and delay in his treatment, his pain is worsening. He has no aberrant behavior. Adverse effects are poor analgesia. His activity is limited secondary to his injuries. He can sit 20-30 minutes, stand 20-30 minutes and walk 20-30 minutes. He is independent, driving himself and using a cane as an assistive device. Diagnoses include failed back surgery syndrome, lumbar degenerative disc disease and degenerative joint disease; and bilateral right greater than left knee degenerative joint disease, status post right knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Chronic Pain Medical Treatment Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker has chronic pain that is being treated with short acting opioids. There has been no aberrant behavior identified and urine drug test have been consistent, but he continues to have poor pain control. This request is for a single urine drug screen that was administered during a clinical follow up visit where medications were being refilled. The request for urine drug screen is determined to be medically necessary.