

Case Number:	CM15-0013647		
Date Assigned:	02/02/2015	Date of Injury:	01/10/2013
Decision Date:	03/19/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

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 32 year old female, who sustained an industrial injury on 10/10/13. She has reported neck and upper back pain with right shoulder pain and numbness. The diagnoses have included migraines, bilateral ischiofemoral impingement and bilateral hamstring, right gluteus medius and iliopsoas tendinosis, sprain/strain thoracic region, sprain/strain hip/thigh and sprain/strain of lumbar spine. Treatment to date has included physical therapy, epidural steroid injection, and oral medications including Norco, Gabapentin, Valium and Clonazepam, along with ibuprofen. Currently, the injured worker complains of low back and right hip pain. On exam dated 12/16/14, tenderness is noted over the buttock and lower back, she also has right sided SI and ileolumbar tenderness on flexion at waist to knee and on extension. On 12/26/14 Utilization Review non-certified urine drug screen, noting the injured worker was at low risk for opiate abuse and a urine drug screen was performed on 4/10/14 and 7/1/14 and it had been recommended she be weaned from opiates. The MTUS, ACOEM Guidelines, was cited. On 1/7/15, the injured worker submitted an application for IMR for review of urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 76-84.

Decision rationale: The request is for a urine specimen toxicology screen. The California MTUS does recommend urine drug screens for patients on opioid therapy: The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens. The included progress notes do indicate the patient is on chronic opioid therapy in the form of Norco. Periodic and random drug screening is recommended in patients who are on opioid therapy per the California MTUS. Therefore criteria for a urine drug screen have been met and the request is certified.