

Case Number:	CM15-0110370		
Date Assigned:	06/16/2015	Date of Injury:	01/03/2009
Decision Date:	08/17/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 76 year old female, who sustained an industrial injury on 01/03/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having failed chronic lumbar back surgery syndrome, chronic fitting and adjustment of a neuro-pacemaker, chronic pain due to trauma, chronic lumbar spondylosis without myelopathy, sacroiliitis, chronic thoracic or lumbosacral radiculopathy, and chronic opioid analgesic therapy. Treatment and diagnostic studies to date has included medication regimen, laboratory studies, injections, and above noted procedures. In a progress note dated 05/06/2015 the treating physician reports complaints of mild, persistent, aching, throbbing low back pain. The injured worker's pain level is rated an 8 on a scale of 0 to 10 without use of her medication regimen and has a pain level of a 3 on a scale of 0 to 10 with use of her medication regimen. The injured worker is also noted to be able to work at least six hours daily and has energy for social activities in the evenings with use of her medication regimen, but is only able to perform minimal activities at home and can only socialize via email and phone without use of her medication regimen. The treating physician noted that the injured worker has had a meaningful improvement in her level of pain, had demonstrated an improvement in pain function, and has not had any abnormal use of the injured worker's medication regimen. The injured worker's current medication regimen includes Prednisone, Pravastatin, Hydrochlorothiazide, woman's Vitamin, Hydrocodone/Acetaminophen, Gabapentin, and Butrans transdermal patch. The treating physician requested a buccal drug screen, Acetaminophen screen, Hydrocodone and metabolite serum, Buprenorphine (Suboxone)

Serum with the treating physician requesting these laboratory studies to monitor the injured worker's adherence to her medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buccal Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 78 and 222-238.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, Drug testing Page(s): 43.

Decision rationale: The requested Buccal Drug Screen is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has mild, persistent, aching, throbbing low back pain. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months or what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Buccal Drug Screen is not medically necessary.

Acetaminophen Screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Drug Testing, Urine testing in opiate ongoing management Page(s): 43, 78 and 222- 238.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, Drug testing Page(s): 43.

Decision rationale: The requested Acetaminophen Screen is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has mild, persistent, aching, throbbing low back pain. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months or what

those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Acetaminophen Screen is not medically necessary.

Hydrocodone/Metabolite Serum Screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Drug Testing, Urine testing in ongoing opiate management Page(s): 43, 78 and 222- 238.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, Drug testing.

Decision rationale: The requested Hydrocodone/Metabolite Serum Screen is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has mild, persistent, aching, throbbing low back pain. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months or what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Hydrocodone/Metabolite Serum Screen is not medically necessary.

Buprenorphine Suboxone Serum Screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Drug Testing, Urine testing in ongoing opiate management Page(s): 43, 78 and 222- 238.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, Drug testing Page(s): 43.

Decision rationale: The requested Buprenorphine Suboxone Serum Screen is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has mild, persistent, aching, throbbing low back pain. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening

over the past 12 months or what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Buprenorphine Suboxone Serum Screen is not medically necessary.