

Case Number:	CM15-0112407		
Date Assigned:	06/18/2015	Date of Injury:	10/27/2009
Decision Date:	07/21/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/10/2015

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: Preventive Medicine, Occupational 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:

This 34 year old female sustained an industrial injury to the lumbar spine and left knee on 10/27/09. Recent treatment included home exercise and medications. In a PR-2 dated 3/26/15, the injured worker complained of increased left knee pain with radiation towards the legs as well as ongoing lumbar spine pain. The injured worker rated her pain 6/10 on the visual analog scale. Physical exam was remarkable for lumbar spine with restricted and guarded range of motion and positive left straight leg raise. Current diagnoses included lumbar disc disease with advanced collapse and foraminal stenosis, lumbar disc herniation, left lumbar spine radiculopathy, cervical spine sprain/strain and left knee sprain/strain. The treatment plan included continuing medications (Motrin, Ambien and Colace). On 3/26/15, a urine drug screen was obtained that was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolonged record review DOS: 3/30/15: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches section Page(s): 6.

Decision rationale: Per the MTUS Guidelines, thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. Although a record review is not a treatment, it is an essential component in providing appropriate care for patients. When there are extensive records it is reasonable to expect that prolonged record review is indicated. The request for prolonged record review DOS: 3/30/2015 is appropriate.

Urine Drug Screen DOS 3/30/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Opioids Criteria for Use Section Page(s): 43, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Screen Section.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (ODG), 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. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. In this case, the injured worker is not being prescribed opioid medications. There is no indication that the injured worker has a propensity for aberrant behavior and there have been no changes in medications or dosages of medications. The request for Urine Drug Screen DOS 3/30/15 is determined to not be medically necessary.