MAXIMUS Federal Services

Case Number:	CM15-0121651		
Date Assigned:	07/02/2015	Date of Injury:	09/21/2000
Decision Date:	08/04/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/23/2015

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: Oregon
Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 64 year old female, who sustained an industrial injury on 9/21/2000. Diagnoses include fibromyalgia, bilateral carpal tunnel syndrome status post right carpal tunnel release, painful right hand triggering status post right hand trigger finger release, and hypertension and type II diabetes mellitus. Treatment to date has included surgical intervention and conservative care including medications which have included opioid pain medications, antidepressants, topical medications and NSAIDs. Per the Primary Treating Physician's Progress Report dated 3/13/2015, the injured worker reported severe low back pain that is stopping her from activities. She is pending carpal tunnel decompression. Physical examination revealed diffuse axial spine tenderness from the cervical to lumbar region. There were trigger points noted in the lower lumbar region. Her mood was blunted and her gait was slow. She was wearing a left wrist brace and there was a positive Tinel's sign of the left wrist. A trigger point injection was administered for lumbar myofascial pain. The plan of care included injections, continued therapy for the bilateral wrists and medication management. Authorization was requested for 2 urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 urine drug screens: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 156.

Decision rationale: This patient had a diagnosis of chronic pain. The American College of Occupational and Environmental Medicine (ACOEM) in the Occupational Medicine Practice Guidelines on Chronic Pain supports urine drug screens. It is stated on page 156: Recommendation: Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain. Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Indications: All patients on chronic opioids for chronic pain. This patient is on chronic opioids. According to the ACOEM guidelines, "Frequency: Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. Screening should also be performed 'for cause' (e.g., provider suspicion of substance misuse including over-sedating, drug intoxication, motor vehicle crash, other accidents and injuries, driving while intoxicated, premature prescription renewal, self-directed dose changes, lost or stolen prescriptions, using more than one provider for prescriptions, non-pain use of medication, using alcohol for pain treatment or excessive alcohol use, missed appointments, hoarding of medications and selling medications). Standard urine drug/toxicology screening processes should be followed." The ACOEM guidelines allow for random testing up to four times per year. A second test falls within the guidelines. Therefore, this request is medically necessary.