

Case Number:	CM15-0121869		
Date Assigned:	07/06/2015	Date of Injury:	11/10/2014
Decision Date:	08/07/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/24/2015

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: 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 47-year-old female who reported an industrial injury on 11/10/2014 resulting in feelings of anxiety including chest pain, pounding heart, tingling fingers, shakiness, suicide ideation, poor concentration, intrusive thoughts, and hypervigilance. The injured worker was diagnosed with prolonged post traumatic stress disorder. Treatment has included psychotropic medications and individual and group therapy. The injured worker continues to report anxiety and post traumatic stress symptoms. The treating physician's plan of care includes a urine drug screen. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

Decision rationale: This patient receives treatment for major depressive disorder, post-traumatic stress syndrome, tremor, palpitations, and chest pain episodes. This relates back to a work-related injury on 11/10/2014. This review addresses a request for a urine drug screen. The documentation notes that the patient underwent a battery of psychological evaluations. One test indicated severe major depression. The patient has received group psychotherapy and is prescribed venlafaxine. There are no notes to suggest that the patient is taking opioids. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically necessary.