

Case Number:	CM15-0034884		
Date Assigned:	03/03/2015	Date of Injury:	06/07/2012
Decision Date:	04/10/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 57 year old male sustained a work related injury on 06/07/2012. According to a partially illegible progress report dated 02/12/2015, the injured worker continued with severe pain and depression. The provider noted that the injured worker was still at risk of suicide. Diagnoses included major depression severe, primary insomnia and pain disorder associated with psychological factors & medical. The provider requested home care, psychiatric consult and psychotherapy. On 02/19/2015, Utilization Review non-certified urinalysis in regular test intervals of not less than 8 weeks to ensure prescription compliance. According to the Utilization Review physician, there was documentation of on-going opioid treatment. However, there was no documentation of the injured worker being at "high risk" of adverse outcomes (individuals with active substance abuse disorders). CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were referenced. The decision was appealed for and Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis in regular test intervals of not less than 8 weeks to ensure prescription compliance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screen is indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for Urinalysis in regular test intervals of not less than 8 weeks is not medically necessary