MAXIMUS Federal Services

Case Number:	CM13-0028199		
Date Assigned:	11/22/2013	Date of Injury:	09/30/1996
Decision Date:	09/19/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert reviewer is Board Certified in Internal Medicine and Cardiology and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old male who reported an injury on 09/30/1996. The only medical record provided for review was a urine drug screen that was positive for Oxycodone and Noroxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 3 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; TREATMENT AND WORKMAN'S COMPENSATION PAIN PROCEDURE SUMMARY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment.

Decision rationale: The requested Lunesta 3 mg #30 is not medically necessary or appropriate. There was no clinical documentation submitted for review to support deficits that would require medication management. Official Disability Guidelines recommend Lunesta in the treatment plan for insomnia related to chronic pain. The clinical documentation submitted for review does

not provide any evidence of sleep deficits that would require medication management. As such, the requested Lunesta 3 mg #30 is not medically necessary or appropriate.

RANDOM DRUG SCREEN X2 (OVER NEXT 12 MONTHS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; TREATMENT AND WORKMAN'S COMPENSATION PAIN PROCEDURE SUMMARY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine Drug Screen Tests.

Decision rationale: The requested 2 random urine drug screens over the next year are not medically necessary or appropriate. The clinical documentation submitted for review did include a urine drug screen that was positive for Oxycodone and Noroxycodone. California Medical Treatment Utilization Schedule recommends urine drug screen testing is based on suspicion of aberrant behavior or illicit street drug use. Additionally, Official Disability Guidelines recommend urine drug screening for low risk patients on a yearly basis, for moderate risk patients 2 to 3 times per year, and for high risk patients up to 12 times per year. The clinical documentation submitted for review did not provide any evidence of suspicion of aberrant behavior. There was no evidence of a medication schedule to support inconsistent results on the provided urine drug screen. Therefore, the patient's level of risk could not be determined. As such, the requested 2 random urine drug screens over the next year are not medically necessary or appropriate.