

Case Number:	CM13-0012708		
Date Assigned:	09/18/2013	Date of Injury:	03/01/2008
Decision Date:	04/24/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This is a 42 year-old female with a 3/1/2008 industrial injury claim. She has been diagnosed with a repetitive strain injury; myofascial pain syndrome; bilateral lateral epicondylitis; cervical strain; cervical disc injury, bilateral CTS; wrist tendonitis; right shoulder strain, left S1 radiculopathy; possible lumbar disc injury.

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 Chronic Pain Medical Treatment Guidelines, Opioids for chronic pai.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section on Drug Testing. Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Guidelines, (online version), Pain Chapter for Urine Drug Testing: Criteria for use of Urine Drug Testing.

Decision rationale: MTUS does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a

yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. ODG guidelines state that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The patient presents with neck, back and upper extremity pain from cumulative trauma in 2008. UDTs have been performed on 10/3/12, 3/27/13, 6/27/13, and 8/6/13. The physician does not comment on the outcomes of the UDTs, but they appear to be consistent with the medications he prescribed. There is no mention of the patient being above a low-risk. The issue here appears to be the frequency of UDT. The request for UDT is not in accordance with the frequency listed under ODG guidelines.