

Case Number:	CM13-0020044		
Date Assigned:	11/08/2013	Date of Injury:	03/18/2009
Decision Date:	02/10/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 62-year-old male who has the right shoulder injury and neck injury from March 18, 2009. Patient's current medications include ibuprofen 800 mg, methadone 5 mg three times a day, Soma 350 mg QHS. The patient is also taking amlodipine, baby aspirin, pravastatin, and metformin. The patient had a right ulnar nerve transposition and carpal tunnel surgery on generally fourth 2013. The patient took Norco postoperatively. There is no indication the patient has any issues with drug-related behavior or side effects of medication. There is no record of recent urine drug screen. Pain management report dated August 20, 2013 states that the patient's current use of methadone is appropriate. There is an appeal dated August 21, 2013 of the denial of the urine screen. The patient had a urine drug screen (UDS) on 4/9/2013 that was positive for methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

toxicology-urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,89,94.

Decision rationale: This request is appropriate. The physician is following a strict patient agreement for opioid use. The assessment is that the medication is adequately controlling the patient's pain, however MTUS guides do recommend random urine drug screens, because the screens do allow the verification of one prescriber per medication, and frequent and random urine toxicology screens may help avoid misuse or addiction. There has been 5 months since last UDS. The MTUS allows for frequent random UDS.