

Case Number:	CM13-0023385		
Date Assigned:	11/15/2013	Date of Injury:	11/07/2012
Decision Date:	01/30/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Ohio and 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 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 30-year-old male who reported a work-related injury on 11/07/2012 as the result of a fall. The patient subsequently presented for treatment of the following diagnoses: compression fracture of the T12 and left knee internal derangement. The clinical note dated 07/24/2013 reported that the patient was seen under the care of [REDACTED] for a comprehensive pain management consultation. The provider documented the patient's course of treatment since the date of injury on 11/07/2012. The provider documented that the patient currently utilized tizanidine 4 mg as needed, naproxen 500 mg as needed and Dendracin lotion. The provider subsequently rendered a prescription to the patient to utilize tramadol 50 mg as needed. The provider documented a request for random urine drug screening for the purpose of monitoring, documenting and insuring patient compliance with the use of schedule III and schedule II prescription medications, which can be habit-forming, abused and/or diverted. A urine drug screen performed on 07/25/2013 revealed no inconsistencies.

IMR ISSUES, DECISIONS AND RATIONALES

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

urine drug screen each quarter (4x per year): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter,

Decision rationale: The current request is not supported. The clinical documentation submitted for review reported that the patient presented with chronic pain complaints status post a work-related fall with injury sustained in 11/2012. The requesting provider, [REDACTED], is recommending random urine drug screening to assess the patient for compliancy with his medication regimen. The provider documented that the patient was utilizing tramadol 50 mg as needed. The patient underwent a urine drug screen on 07/25/2013, which revealed no inconsistencies 4 times per year. This request appears excessive in nature. The clinical notes do not evidence that the patient has previously been noncompliant with his medication regimen or presents as in a high risk category for frequent urine drug screening. The California MTUS does support drug screening to assess for the use or presence of illegal drugs. In addition, the Official Disability Guidelines indicate them if the patient has a positive or at risk addiction screen on evaluation, evidence of a history of comorbid psychiatric disorders, such as depression, anxiety, bipolar disorder and/or personality disorder. The frequency of testing depends on documented evidence of risk stratification, including the use of a testing instrument. Given all of the above, the request for a urine drug screen each quarter (4 times per year) is neither medically necessary nor appropriate.