

Case Number:	CM13-0023513		
Date Assigned:	11/15/2013	Date of Injury:	04/10/2003
Decision Date:	01/03/2014	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 Emergency Medicine 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 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.

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 injury on 04/10/2003 with the mechanism of injury being the patient slipped on wet grass and fell. The patient was noted to have an appropriate urine drug screen on 02/04/2013, as per the office note of 03/11/2013 and the patient was noted to have an appropriate urine drug screen on 07/22/2013 as per the review of records on 07/24/2013. The patient's medications were noted to include Norco and Percocet. The patient's diagnoses were noted to include status post 2 left shoulder surgeries, bilateral ulnar neuropathy at the elbow, and bilateral carpal tunnel syndrome. The request was made for outpatient random urine drug screen once each quarter 4 times a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient random urine drug once each quarter for four (4) times 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 Page(s): 43,78. Decision based on Non-MTUS Citation (ODG), Pain Chapter, Urine Drug Testing.

Decision rationale: CA MTUS indicates that drug testing is utilized to assess for the use or presence of illegal drugs, and the ongoing management of patients should be included for drug screening for patients with abuse, addiction, or poor pain control. Per the physician note dated 10/18/2013, the physician indicated that he wished to apply Official Disability Guidelines.

Official Disability Guidelines indicates the frequency of urine drug testing should be based on documented evidence of risk stratification, including use of a testing instrument. However, the physician opined as per the note of 10/18/2013 that all patients should be at intermediate risk and that was the reason for the request for more testing. The patient was noted to be on the medication Norco and Percocet on 02/04/2013 and the patient's urine drug screen was noted to be positive for hydrocodone, hydromorphone, oxycodone and acetaminophen as per the office visit of 03/11/2013. The physician noted that the urine drug screen was appropriate for the patient's prescribed medications, although there was a lack of documentation indicating the patient had hydromorphone prescribed. As such the physician noted the results were expected with the prescribed medications. The patient was noted to be continued on Norco and Percocet and the patient was noted to be positive for the same substances including hydromorphone on the urine drug screen of 07/22/2013 per the review of records on 07/24/2013. The documentation submitted for review failed to indicate this was an abnormal finding. The physician failed to provide the necessity for testing multiple times in a year. Given the above, the request for outpatient random urine drug screen once each quarter for four (4) times per year is not medically necessary.