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| Case Number: | CM13-0023959 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 08/26/2008 |
| Decision Date: | 06/16/2014 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 09/13/2013 |

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 Pain Management, 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:

The injured worker is a 61-year-old male who sustained injuries to his neck, back and low back on 08/26/08. This is a patient with a date of injury of August 26, 2008. A utilization review determination dated September 4, 2013, recommends non-certification of a urine drug test. The mechanism of injury was not documented. A clinical note dated 06/11/13, reported that the patient was authorized Lunesta and Naprosyn, and was denied Vicodin, Lidoderm, Antivert and Soma. A progress note dated February 1, 2013, indicates that the patient is taking Cymbalta, Ativan, and Restoril. A progress report dated March 6, 2013, indicates that the patient is taking Vicodin and soma. A progress note dated June 3, 2013, identifies that the patient is using Cymbalta, Ativan, Restoril, and Viagra. A 08/14/13 progress note reported, that the injured worker complained of increased symptoms with constant pain/discomfort. Pain medications were reportedly beneficial. The physical examination noted left, lateral side head with tender raised area; tenderness to palpation in the neck, shoulder and upper arm; bilateral upper shoulders flexion, abduction and adduction 30% normal; motor strength 4+/5 in the bilateral upper extremities. The injured worker was diagnosed with bilateral shoulder strain/internal derangement. A urine drug test has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) URINE DRUG TEST, RFA: 8/23/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 43,78,138. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES: [HTTP://WWW.ODG-TWC.COM/ODGTWC/PAIN.HTM#URINEDRUGTESTING](http://www.odg-twc.com/odgtwc/pain.htm#urinedrugtesting).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-79,99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CHRONIC PAIN CHAPTER, URINE DRUG TESTING.

Decision rationale: Regarding the request for a urine toxicology test, the Chronic Pain Guidelines state that drug testing is recommended as an option. The guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The Official Disability Guidelines recommend urine drug testing on a yearly basis for low risk patients, two-to-three (2-3) times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it is clear that the patient is on controlled substance medication regularly. Therefore, the use of a urine drug screen is medically reasonable to help reduce the risk of controlled substance misuse, abuse, or diversion. Therefore, the currently requested urine drug testing is medically necessary.