

Case Number:	CM13-0033569		
Date Assigned:	12/06/2013	Date of Injury:	07/07/2006
Decision Date:	02/13/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/10/2013

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 Hawaii. 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 47 year old male with a date of injury of 7/7/2006. A review of his progress notes from [REDACTED] dated 7/19/2013 indicates diagnosis of left hand crush injury, S5-S1 disc protrusions with disc herniation and annular tear, chronic cervical musculoligamentous sprain, chronic pain syndrome, and posttraumatic stress disorder. [REDACTED] additionally writes "at the present time, he remains on low-dose of vicodin", but does not specify the dosage or duration of usage, only to state "vicodin one p.o. t.i.d. for now". [REDACTED] additionally writes that the patient was on psychotropic and other pain medications, but does not specify. This progress note makes no statements regarding concerns for drug abuse, but does note that "a drug contract was signed and urinary drug screens will be obtained routinely." A physical therapy consultation note was available for review, but there were not stated concerns for drug abuse or the need for urine drug screening. A urine drug screening was reported by [REDACTED] dated 8/22/2013. Utilization review dated 9/9/2013 determined that the urine drug testing 8/16/2013 was non-certified. An additional progress note from [REDACTED] dated 9/27/2013, after the 8/22/2013 additionally specifies the patient's dosage of vicodin 7.5mg three times daily. No additional comments regarding additional medication, concerns for drug abuse, or concerns for drug tolerance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 1 urinalysis drug screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chronic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by [REDACTED] note dates 7/19/2013 stating "At this present time, he remains on low-dose of Vicodin. He continues to note benefit from the medication". Additionally, there is no indication regarding duration of opioid use, compliance, or the patient's experience during such use. As such, the current request for retrospective urinalysis drug screening is not medically necessary.