MAXIMUS Federal Services

Case Number:	CM13-0042373		
Date Assigned:	01/24/2014	Date of Injury:	08/31/1998
Decision Date:	04/15/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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 Medicine, and is licensed to practice in California and Virginia. 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 patient is a 51 year old male who was injured on 08/31/1998, due to repetitive overhead motion. The patient's treatment history includes current treatment for long standing chronic spinal and radicular pain, for which he is prescribed multiple Opioids and he underwent SCS placement on 1/23/2013. 01/01/2014 Medications Include: Amitriptyline Duragesic Percocet MS Contin Ambien Cholesterol/HTN medications Prilosec Prozac Neurontin Wellbutrin 12/03/2013 Medications are unchanged from 01/01/2014. 11/19/2013 Medications are unchanged from 12/03/2013. 09/03/2013 Medications are unchanged from 11/19/2013. 08/06/2013 Medications are unchanged from 09/03/2013. 09/03/2013: Random urine drug screen performed; no results provided. 10/01/2013: Random urine drug screen performed; no results provided. 01/07/2014: Follow-up note documented the patient continued to complain of pain in the neck, shoulder, and mid-low back. He reported his pain medication has been effective for his pain making pain tolerable. 11/19/2013: Follow-up note documented the patient continued to complain of neck, shoulder with, left greater than right, hands with weakness, numbness, tingling, and mid low back pain. The patient pain is managed with medications; however, the medications only make it slightly better. The medications have lost effectiveness. 10/01/2013: Follow-up note documented the patient have complaints of pain in the neck, shoulder and mid low back. 09/03/2013: Follow-up note indicated the patient reported the SCS helps with neck pain but does have some increase of low back pain. 06/06/2013: Follow-up noted indicated SCS and medications are still helping. Attending physician's reports from at 07/26/2013 to 01/17/2014 state the patient is taking current medications as prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY SCREENING PERFORMED ON 10/01/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT (WITH OPIOIDS) Page(s): 43, 76-77,78. Decision based on Non-MTUS Citation ODG TREATMENT IN WORKERS' COMPENSATION, 11TH EDITION, 2013, PAIN CHAPTER (3/21/13), CRITERIA FOR USE OF URINE DRUG TESTING

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG TESTING Page(s): 43-50.

Decision rationale: According to MTUS and Chronic Pain Treatment Guidelines, Urine Toxicology Screening is indicated when there is evidence or concern for misuse or abuse of medically prescribed controlled substances based on risk stratification. Based on the medical records, there is no indication of any red flags of misuse or abuse by the patient, and he is considered low risk with no indication for frequent monitoring. Based on the lack of support for testing, the request is non-certified.