

Case Number:	CM13-0048941		
Date Assigned:	12/27/2013	Date of Injury:	11/01/1993
Decision Date:	06/02/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/07/2013

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:

This patient is a 57-year-old male, date of injury 11/01/1993. Per treating physician's report 06/06/2013, listed diagnoses are chronic low back and knee pain, stable and present medication, about to undergo left shoulder surgery. Listed current medications are morphine 15 mg 3 times a day, and Norco 4 times a day. The current request is for urine toxicology, which was requested on 10/02/2013. Review of the 136 pages that include progress reports from 06/06/2013 to 10/31/2013 does not include a copy of urine drug screen or prior urine drug screen. QME reports were provided from 07/31/2013 and 09/24/2013, which also did not include discussion regarding urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

TESTING: URINE TOXICOLOGY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Urine Toxicology; 9792.20 Medical Treatment Utilization Schedule--Definitions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Avoid Opioid Misuse, and Drug Testing Page(s): 94-95, 43.

Decision rationale: This patient presents with chronic pain to the low back, shoulder, and knee. The patient has had multiple surgeries. The request for urine toxicology was denied by a utilization review letter dated 10/25/2013. Despite careful reading of the utilization review letter, there is no specific rationale provided for the denial of the urine drug screen. Review of the reports show that this patient is indeed taking opiates including Morphine and Norco. Despite reviewing all of the reports from 2013, there is not a urine drug screen report or discussion. MTUS Guidelines support the use of urine drug screens to help manage chronic opiate use. Recommendation is for authorization. The Testing: Urine Toxicology is medically necessary and appropriate.