

Case Number:	CM13-0050671		
Date Assigned:	05/07/2014	Date of Injury:	09/13/1990
Decision Date:	08/01/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 Internal Medicine 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 is a 72-year-old male with a date of injury of 1/1/90. The mechanism of injury occurred while performing his usual and customary duties as a crossing guard, and developed pain in his right knee. On 5/2/13, he complained of moderate pain in the neck, mid/upper to lower back, right knee and bilateral ankles. On exam, there was tenderness to palpation with spasm and restricted range of motion in all areas concerned. The diagnostic impression is cervical, thoracic, lumbar, and bilateral ankle sprain/strain. Treatment to date includes physical therapy and medication management. A UR decision dated 11/4/13, denied the request for a urinalysis. This is a retrospective request for a urine drug screen (UDS), dated 9/28/13. The request was submitted without clinical information/reporting. The information requested should include: the provider's request for the service (UDS); the patient's subjective and objective status at the time the service (UDS) was requested; and contain the provider's clinical rationale supporting the medical necessity of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSIS: Overturned

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 2009, Drug Testing , Urine testing in ongoing opiate management Page(s): 43; 78. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine of Opioids page 222-238.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In multiple progress notes, the patient is noted to be on Tramadol, however, a urine drug screen (UDS) from 6/6/13, was positive for Hydrocodone and was negative for Tramadol. A UDS from 5/2/13 was negative for any opiates. Guidelines support UDS up to 4 times per year for patients on chronic opiates. This patient has had inconsistent results on his UDS and concerning for misuse and aberrant behavior, and guidelines would support a UDS in this setting. Therefore, the request for a urinalysis was medically necessary.