

Case Number:	CM13-0052145		
Date Assigned:	12/27/2013	Date of Injury:	07/29/2004
Decision Date:	03/14/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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:

This patient is a 55-year-old male with date of injury of 07/29/2004. Listed diagnoses per treating physician's report 09/11/2013 are: (1) Status post right foot crush injury, (2) Severe right lower extremity CRPS, (3) Status post implant of spinal cord stimulator, (4) Left shoulder impingement, (5) Left lateral epicondylitis, (6) Left wrist overuse syndrome, (7) Status post right lower extremity, (8) Below knee amputation, 09/07/2011, (9) Left knee patellar tendonitis. Current dispute is over urine toxicology. The treating physician states in his report that this is needed to monitor medication compliance. Under subjective complaints, the treater states that the patient uses lidocaine cream 10% and takes Lyrica. The plastic surgeon is considering trimming of the stump and perhaps excision of the distal stump scar. There is a report by another physician dated 09/17/2013 and the listed medications are Wellbutrin, Valium, Ultracet, Prilosec, Lidoderm cream and Lyrica. The report by [REDACTED] on 10/09/2013 has the patient's right lower extremity pain a 6/10, waiting for revision surgery. The patient has pain in the left hip, left knee, bilateral elbows, shoulders, and the patient is taking tramadol, Valium, bupropion, Wellbutrin, Ambien, Lyrica, and lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 43.

Decision rationale: This patient presents with pains in multiple areas including right foot from crush injury, with subsequent CRPS, shoulder, elbow, wrist pains, and status post right lower extremity below knee amputation and the patient also has a spinal cord stimulator implant. The patient's current medications appear to include tramadol, Valium, Wellbutrin, Ambien, Lyrica, and lidocaine cream. The current dispute is for urine toxicology which was denied by utilization review letter 10/15/2013. The urine toxicology was denied as the records showed that the patient underwent urine drug screen on 08/14/2013 and additional urine toxicology was not necessary. Review of 597 pages of records show that the patient had multiple urine toxicology on 04/02/2012, 06/28/2012, 09/26/2012, and 11/21/2012. In the year 2013, urine toxicology were obtained on 06/19/2013, 07/31/2013, and the current request pertains to the one obtained on 09/11/2013. MTUS Guidelines state that urine drug screen is recommended for chronic opioid use management. For patients with high risk, frequent urine drug screen is recommended per MTUS but no other discussion is provided regarding how frequent these urine drug screens should be obtained. When reading (ODG) Official Disability Guidelines, it provides a more specific recommendation. For low risk patients, urine drug screen is recommended within the first 6 months and thereafter once every year. In this patient, the treating physician does not provide risk stratification for opiate use. The patient is also on tramadol which is a Schedule III synthetic opiate. The treating physician does not provide any discussion regarding each of the urine drug screens obtained. He does provide some kind of a report and this appears to be a template and does not provide meaningful information such as whether or not the patient is a low, moderate, or high risk opiate user. I am referring to 07/31/2013 report by [REDACTED] who references 07/17/2013 urine drug screen. Review of the reports does not show any red flags and it would appear that this patient is a low risk and once a year toxicology would be adequate. There does not appear to be reason to perform 3 to 4 toxicology urine drug screens on a yearly basis. Recommendation is for denial.