

Case Number:	CM13-0054206		
Date Assigned:	12/30/2013	Date of Injury:	07/25/2012
Decision Date:	06/04/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/19/2013

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 Arizona. 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 injured worker is a 63year old woman who sustained a work-related injury on 7/25/12 that resulted in chronic low back and left hip pain. She has been treated with physical and aquatic therapy, pain medications including opioid and non-opioid medications. A pain specialist who has ordered multiple urine drug screens manages the injured worker. Medications include tramadol, tizanidine, gabapentin and hydrocodone. The medical record is reviewed including office encounters with the pain specialist dated 5/13/13, 8/20/13, 9/30/13, 10/14/13, and 10/28/13. Urine toxicology or "drug screens/UDS" were done on 6/7/13, 8/4/13, 8/20/13 and 10/8/13. On 11/11/13 a utilization review was done that denied the UDS requested stating that the frequency was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPECIAL REPORT: DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

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

Decision rationale: The pain specialist is treating the injured worker with tramadol and gabapentin. On 9/30/13 and 8/20/13 it is documented that the injured worker is taking hydrocodone. UDS done on 6/7/13, 8/4/13, 10/8/13 and 8/20/13 are all negative for any opioid medications. The UDS are inconsistent in respect that tramadol, gabapentin and hydrocodone are all absent. The injured worker is clearly not taking these medications and therefore a UDS is not needed. With respect to urine drug screens, the MTUS states that they are recommended when prescribing opioid pain medications but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency sited. In this case, however, the UDS have been inconsistent on several occasions and it is clear the patient is not taking any opioid medications therefore the continued use of UDS is not medically necessary.

DRUG SCREEN, QUALITATIVE, MULTIPLE DRUG CLASSES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

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

Decision rationale: The pain specialist is treating the injured worker with tramadol and gabapentin. On 9/30/13 and 8/20/13 it is documented that the injured worker is taking hydrocodone. UDS done on 6/7/13, 8/4/13, 10/8/13 and 8/20/13 are all negative for any opioid medications. The UDS are inconsistent in respect that tramadol, gabapentin and hydrocodone are all absent. The injured worker is clearly not taking these medications and therefore a UDS is not needed. With respect to urine drug screens, the MTUS states that they are recommended when prescribing opioid pain medications but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to Final Determination Letter for IMR Case Number [REDACTED] avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency sited. In this case, however, the UDS have been inconsistent on several occasions and it is clear the patient is not taking any opioid medications therefore the continued use of UDS is not medically necessary.