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| Case Number: | CM13-0056337 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 04/08/2009 |
| Decision Date: | 03/20/2014 | UR Denial Date: | 10/15/2013 |
| Priority: | Standard | Application Received: | 11/22/2013 |

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 Internal Medicine and is licensed to practice in District of Columbia 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 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:

The patient is a 49 year old man who had sustained an injury, while pulling a power jack, to his lower back and bilateral lower extremity in Apr 8 2009. On April 12, April 16, June 18, June 21 and July 2 2013, the patient saw [REDACTED] for chronic foot pain and was diagnosed with fibromyalgia. He was instructed to get electrostimulation to his feet and ankles. The patient had urine drug testing on July 8 2013. On June 5 2013, he had spinal cord stimulator placed. [REDACTED] saw the patient on June 18 2013 for lower back pain and was diagnosed with lumbar disk degeneration. He was given Percocet 10mg bid, and Oxycontin 10mg q12h. He was instructed to obtain urine drug testing. [REDACTED] saw the patient on March 26 and May 7 2013 for back pain. He was given Percocet 10mg bid, and Oxycontin 10mg q12h. The patient was ambulating with the assistance of forearm crutches. Prior documentation noted that patient had refused to get drug screenings each visit so the decision was made to perform urine drug testing every 2-3 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine toxicology screening: Upheld

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 Drug Testing Section Page(s): 43.

Decision rationale: As per MTUS guidelines, Urine drug testing should be done 2 times per year and the frequency can be increased if there are signs of abuse or addiction. Indicators and predictors of possible misuse of controlled substances and/or addiction are adverse consequences, impaired control over medication use, craving and preoccupation and adverse behavior. This patient had no signs to indicate abuse of opiates. It is recommended that urine drug testing be performed about every 6 months. This patient did not require more frequent testing and it was not medically indicated.