

Case Number:	CM13-0056964		
Date Assigned:	12/30/2013	Date of Injury:	06/04/2009
Decision Date:	06/23/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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:

The patient is a 48 year old female with date of injury on 4/9/2009 with a fall at work with subsequent neck, bilateral shoulder, and breast pain. She also has had mental health issues and sees a mental health provider regularly. It is reported in the notes from 10/22/13 that the patient was using Vicodin as needed, as well as Xanax. The claimant was evaluated three months prior to this visit for 'medication refills' and at this particular visit, claimant stated she did not need a refill of her Vicodin. The report stated that a urine drug testing was to be requested for authorization for 'next visit for evaluation of medication intake that the patient is currently taking.' It is not reported that the patient is using daily or regular opiates at this time for treatment of her pain. The current request is for a drug screen with date of service 10/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DOS 10/22/2013 URINE DRUG TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence citation for Urine Drug Screen: ODG-TWC, Pain Procedure Summary.

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

Decision rationale: MTUS guidelines state that urine drug screening can be used for chronic opioid therapy to monitor compliance, concerns of abuse/illegal drugs, and/or pretreatment evaluation. High-risk patients may need regular screening for abuse and compliance. The claimant was using Vicodin as needed only and in fact, per the records, the prior visit (3 months prior) claimant was given refills of Vicodin. At the follow-up visit on 10/22/13, claimant stated no refills of Vicodin were needed. As such, the claimant was using this drug very irregularly for flaring pain and there was no mention in the notes of concern for abuse or concerns of her getting medications from other providers. Since there is no documentation for regular, chronic opioid medication use and no concerns of abuse, there is no need for urine drug testing and retrospective urine drug test for DOS (10/22/2013) is not medically necessary.

PROSPECTIVE REVIEW -URINE DRUG TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence citation for Urine Drug Screen: ODG-TWC, Pain Procedure Summary.

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

Decision rationale: As per the prior review, this person is not on chronic opioid therapy. MTUS guidelines state that urine drug screening can be used for chronic opioid therapy to monitor compliance, concerns of abuse/illegal drugs, and/or pretreatment evaluation. High-risk patients may need regular screening for abuse and compliance. The claimant was using Vicodin as needed only and in fact, per the records, the prior visit (3 months prior) claimant was given refills of Vicodin. At the follow-up visit on 10/22/13, claimant stated no refills of Vicodin were needed. As such, the claimant was using this drug very irregularly irregularly for flaring pain and there was no mention in the notes of concern for abuse or concerns of her getting medications from other providers. As in the last review for retrospective urine, the same rationale applies for prospective urine drug testing and there documentation does not support the guidelines and the prospective urine drug screening is not medically necessary.