

Case Number:	CM13-0061021		
Date Assigned:	12/30/2013	Date of Injury:	11/15/2009
Decision Date:	04/18/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

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 Orthopedic Surgery 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 57-year-old claimant has a date of injury of November 15, 2009. He has been treated for chronic low back pain by a pain management clinic. His medications have included Gabapentin, Flexeril, and Hydrocodone. Periodic monitoring with urine drug screen was recommended. Urine drug screens were performed on August 12, 2013, October 2, 2013, and October 30, 2013. These were denied in a retrospective utilization review. An independent review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE RETROSPECTIVE REQUEST FOR A UDS WITH A DATE OF SERVICE OF 8/12/2013: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening Section.

Decision rationale: The urine drug screen on August 12, 2013 would be considered medically necessary and appropriate in this case based upon the Ca MTUS Chronic Pain 2009 Guidelines. The Chronic Pain Guidelines support the use of urine drug screening to monitor for issues of abuse when treating with chronic narcotic pain medications. No set frequency is specifically

recommended per the guidelines. If one looks towards the MTUS guidelines section on opiates--steps to avoid misuse/addiction--frequent random urine toxicology screens are recommended in particular for those at high risk of abuse. Therefore, per the CA MTUS Chronic Pain 2009 Guidelines, the urine drug screens in question were medically necessary and appropriate.

THE RETROSPECTIVE REQUEST FOR A UDS WITH A DATE OF SERVICE OF 10/02/2013: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening Section.

Decision rationale: The urine drug screen on October 2, 2013 would be considered medically necessary and appropriate in this case based upon the CA MTUS Chronic Pain 2009 Guidelines. MTUS Chronic Pain Guidelines support the use of urine drug screening to monitor for issues of abuse when treating with chronic narcotic pain medications. No set frequency is specifically recommended per the guidelines. If one looks towards the MTUS Chronic Pain Guidelines section on opiates--steps to avoid misuse/addiction--frequent random urine toxicology screens are recommended in particular for those at high risk of abuse. Therefore, per the MTUS Chronic Pain Guidelines, the urine drug screens in question were medically necessary and appropriate.

THE RETROSPECTIVE REQUEST FOR A UDS WITH A DATE OF SERVICE OF 10/30/2013: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening Section.

Decision rationale: The urine drug screen on October 30, 2013 would be considered medically necessary and appropriate in this case based upon the CA MTUS Chronic Pain Guidelines. MTUS Chronic Pain Guidelines support the use of urine drug screening to monitor for issues of abuse when treating with chronic narcotic pain medications. No set frequency is specifically recommended per the guidelines. If one looks towards the MTUS Chronic Pain Guidelines section on opiates-- steps to avoid misuse/addiction--frequent random urine toxicology screens are recommended in particular for those at high risk of abuse. Therefore, per the MTUS Chronic Pain Guidelines, the urine drug screens in question were medically necessary and appropriate.