

Case Number:	CM13-0065154		
Date Assigned:	01/03/2014	Date of Injury:	11/01/1995
Decision Date:	04/04/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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, 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 is a 61 year-old female who was injured on 11/1/1995. Diagnosis includes left shoulder rotator cuff tear; chronic pain syndrome; neck sprain, lumbar radiculopathy, myofascial syndrome; neuropathic pain and prescription narcotic dependence. According to the 11/26/13 report from [REDACTED], the prior UDT was on 11/4/13, and he requested another UDT on 11/26/13. There is no reporting that the patient is above low-risk for opioid abuse

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Screening

Decision rationale: The MTUS does not specifically discuss the frequency that Urinary Drug Testing (UDT) should be performed. The Official Disability Guidelines (ODG) is more specific on the topic and states, "Patients at "low risk" of addiction/aberrant behavior should be tested

within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Based on the medical records provided for review there is no mention of the patient being at high, medium or low risk. Additionally the patient had a UDT on 11/4/13 and on the follow-up visit on 11/26/13, [REDACTED] asks for another UDT. The request for UDT is not in accordance with the frequency listed under ODG guidelines. The request for 1 urine drug screening is not medically necessary and appropriate.