

Case Number:	CM13-0066707		
Date Assigned:	01/03/2014	Date of Injury:	03/30/2000
Decision Date:	05/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is March 30, 2000. This patient's diagnoses include neck pain radiating to the right upper extremity and low back pain radiating to the right lower extremity. On September 16, 2013, the treating pain physician noted the patient's diagnoses included cervical radiculitis, headaches, right carpal tunnel syndrome, and right wrist pain. The treating physician prescribed Fioricet and Flector and indicated a plan to refill opioid medications; the specific opioid medications refilled were not clear in that report. Previously on June 10, 2013, the treating physician recommended urine drug testing in order to monitor the patient's prescription treatment. An initial physician review discusses a medical report of November 25, 2013, which is not available at this time, and notes that the physician reported that treatment had consisted of medications, TENS (transcutaneous electrical nerve stimulation) therapy, chiropractic care, acupuncture, and cervical epidural injections, and a urine drug screening test was recommended at that time. That review recommended non-certification of urine drug testing, noting that the guidelines suggest that addiction risk should be further evaluated. On January 2, 2014, the treating pain physician submitted a reconsideration request regarding urine drug testing. The treating physician noted that the patient has considerable pain with negative impact on function and that treatment as requested should be authorized. The provider discusses a portion of the Chronic Pain Medical Treatment Guidelines which recommends frequent random urine toxicology screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE URINE DRUG SCREENING TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Steps To Avoid Misuse/Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

Decision rationale: The treating provider in this case has submitted an appeal referring to the Chronic Pain Medical Treatment Guidelines which recommend frequent random urine toxicology screens. That section; however, specifically discusses the need for frequent random toxicology screening for those at high risk of abuse. Indeed, the guidelines do encourage risk stratification regarding the risk of abuse of opioid or other medications. However, the medical records in this case do not discuss such risk stratification. Without such risk stratification, it is not possible to determine an appropriate frequency of urine drug testing. Therefore, the records and the guidelines do not support the current request. The request for one urine drug screening test is not medically necessary or appropriate.