

Case Number:	CM14-0004910		
Date Assigned:	01/24/2014	Date of Injury:	09/03/2003
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 & 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 injured worker is a 51-year-old male, who reported an injury on 09/03/2003, and the mechanism of injury was loss of balance, and the patient fell down a slope. The injured worker had multiple traumas including a fracture of the right ankle and left shoulder injury. The injured worker had an arthroscopic rotator cuff repair on 05/28/2004. The injured worker has continued to complain of low back radiating into the buttocks and numbness of the bilateral lower extremities. A previous urine drug screen on 04/03/2013 was positive for marijuana and methadone which was not prescribed to him. In the progress note dated 12/10/2013, the physician reported the injured worker had complaints of bilateral low back pain radiating to the buttocks and numbness of his bilateral lower extremities. The injured worker's last dose of Norco and Oxycodone were this morning. The injured worker's last dose of Soma was on 12/08/2013. The injured worker reported taking Norco and Oxycodone in different doses based on pain. The psychological exams were negative. The physician also reported the injured worker was alert and in no acute distress. The physician's treatment plan included a prescription for his industrial related medications of Norco 10/325 mg 1 tablet by mouth at night as needed for pain, Contin 60 mg 1 tablet by mouth 3 times daily, and Soma 350 mg by mouth 3 times a day as needed for spasms. The physician also reported that he discussed with the injured worker the risk and benefits surrounding long term opioid use for treatment of chronic pain. The physician the physician recommended an in office random 12 panel urine drug screen given the injured worker's chronic opioid medication intake. It was performed at this visit. The current request for an in office random 12-panel urine drug screen was ordered on 12/10/2013. The physician failed to indicate why he recommended the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

IN OFFICE RANDOM 12-PANEL URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic Pain, Ongoing Management Page(s): 78.

Decision rationale: The the request for in office random 12-panel urine drug screen is not medically necessary. The California MTUS Guidelines state that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The clinical documentation provided failed to indicate that the injured worker had any abrupt behaviors or abuse of opioids. Therefore, the request for in office random 12-panel urine drug screen is not medically necessary.