

Case Number:	CM14-0007734		
Date Assigned:	02/07/2014	Date of Injury:	01/27/2004
Decision Date:	06/23/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/17/2014

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 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:

This is a 60-year-old female with a 1/27/04 date of injury. She sustained an injury to her left leg and lower back. A progress report dated 1/11/14 indicated the patient had chronic pain in her lower back extending down the left leg. She has decreased ROM of the lumbar spine secondary to pain. Sensation is intact. On 4/4/13, an office visit note indicates that a urine drug screen, performed on 3/11/13, indicates that Tramadol was in the urine, but no Soma or amitriptyline. The patient stated she took Ultram prior to the drug screen, which had been prescribed by her PMD. A urine drug screen, then collected on 4/15/13, was reported to be consistent. An orthopedic surgery note from 11/5/13 indicates the patient is on Norco and Flexeril. A urine drug screen was performed on 1/10/13. A UR decision dated 1/7/14 denied the request for a urine toxicology screen stating that urine drug screens were performed on 11/12/13 and 3/14/13. There is no mention in the records provided of drug abuse, inappropriate compliance, poor compliance, or drug diversion. The patient appears to be taking the medication as prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINE DRUG SCREEN DOS 11/14/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DRUG TESTING,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §9792.24.2. Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. This patient is documented to be on opiates, Norco, as well as Tramadol and Flexeril. She has had a total of 3 urine drug screens documented for 2013, and guidelines support up to 4 urine drug screens per year. This patient is noted to have had an inconsistent urine drug screen in March of 2013, which is why a repeat urine drug screen was subsequently ordered in April. Due to the inconsistent urine drug screen result, as well as the fact the patient is taking opiates, guidelines do support urine drug screens as part of the ongoing care and management of patients receiving chronic opiates. This request, as submitted, is medically necessary.