

Case Number:	CM14-0105287		
Date Assigned:	09/16/2014	Date of Injury:	01/15/2002
Decision Date:	10/15/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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 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:

This 75 year old patient had a date of injury on 1/15/2002. The mechanism of injury was not noted. In a progress noted dated 4/1/2014, subjective findings included many financial stressors and feeling uncomfortable. On a physical exam dated 4/1/2014, objective findings included patient being on MS contin 15mg, Miralax, Toradol 30mg, and Gabapentin 400mg. The diagnostic impression shows chronic opioid therapy, constipation, radicular signs/symptoms Treatment to date: medication therapy, behavioral modification A UR decision dated 6/30/2014 denied the request for urine drug screen (DOS 4/1/2014), stating that there was no evidence of aberrant behaviors, and that this patient had a urine drug screen dated 12/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one urine drug screen (04/01/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 222-238.

Decision rationale: CA MTUS 9792.24.2. Chronic Pain Medical Treatment Guidelines: ACOEM Guidelines for the Chronic Use of Opioids states on Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain: Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Indications - All patients on chronic opioids for chronic pain. Frequency - Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination, and in the reports viewed, this patient has had at least 4 urine drug screens between 1/2014 and 6/2014, all demonstrating inconsistent results. There was no clear rationale provided regarding the medical necessity of further tests. Furthermore, it was unclear if this issue has been addressed with the patient. Therefore, the request for urine drug screen DOS 4/1/2014 was not medically necessary.