

Case Number:	CM14-0010049		
Date Assigned:	02/21/2014	Date of Injury:	03/18/2002
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/24/2014

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, has a subspecialty in Pain Management 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 female patient with a date of injury of March 18, 2002. A utilization review determination dated January 10, 2014 recommends non-certification of a urine drug screen. Non-certification is recommended due to lack of documentation to support the medical need for a urine drug screen. A progress report dated January 3, 2014 identifies subjective complaints of constant burning pain in the volar aspect of the wrist with radiation to the right shoulder, sharp-shooting pain, stabbing pain, and numbness. The patient reports that her pain is severe enough at times that she grits her teeth and has had two front teeth chip off. The patient's current pain level is a 4/10, her pain is aggravated with use of the right arm, and the pain is mildly alleviated with pain medications. The patient also has decreased ability to perform household chores, office work, drive, walk, run, play sports due to her pain. She also reports a negative impact on her emotional state with reports of decreased concentration, depression, mood, appetite, sleep, and relationships. The patient has a history of an attempted suicide two years ago however denies any current suicidal ideation. Clearance was obtained stating that the patient has no history of abuse and is an appropriate candidate for opioid medications. The patient reports relief from compound Hydrocodone she is prescribed enough for six per day, however the pharmacy was unable to fill the entire prescription due to authorization issues and dispensed only 140. Apparently the patient ran out and went to the ER, date not documented, where she was prescribed methadone any temporary prescription for Norco was phoned in by the patient's pain management physician (it is unclear if this ER visit documented is new, because it has been present within the subjective documentation since the November 8, 2013 visit). The patient reports that both Hydrocodone and Dilaudid are helpful for her pain. The patient has been using Dilaudid and for breakthrough pain only. There is mention that the patient has had five ER visits in the 5 months prior to the patients most recent ER visit (unknown date) prior to this current

office visit. The patient's current medications include Citalopram 40mg once a day, Topiramate 50 mg one at bedtime, Seroquel 50 mg at bedtime as needed Dilaudid 2 mg every other day as needed for acute pain, Voltaren topical 1% gel 2 g three times daily, compounded hydrocodone 10 mg every four hours as needed for pain max of six today, Gabapentin 100 mg one tablet twice a day, hydroxyzine HCl 10 mg one tablet twice a day, and Clonazepam 1 mg disintegrating tablet three times a day. There is no physical examination documentation that is relevant to the patient's diagnosis. The diagnosis is hand pain with mention of a history of three hand surgeries with resultant neuropathic pain. The treatment plan recommends continuation of Gabapentin, Voltaren gel, and a refill for compound Hydrocodone and Dilaudid. The patient was instructed to continue with a home exercise program, LFTs and BUN/CR were requested, and a urine drug screen is recommended as an option to assess for use of illegal drugs. A progress note dated January 31, 2014 identifies subjective complaints that were unchanged since the January 3, 2014 visit. The treatment plan recommends continuation of Gabapentin, refill of compound Hydrocodone, Voltaren gel, and Dilaudid. There is also a statement of appeal for the urine drug screen that had been denied. The appeal statement recommends the urine drug screen in order to assess for the presence of illegal drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

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, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines,9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(.

Decision rationale: Regarding the request for a urine drug screen, Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider notes that the patient is taking pain medication, but there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. There is no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion. The patient's most recent urine drug screen was on November 18, 2013, which showed consistent findings for the opioids prescribed. As such, the currently requested urine toxicology test is not medically necessary.