

Case Number:	CM14-0116948		
Date Assigned:	08/06/2014	Date of Injury:	11/06/1996
Decision Date:	09/25/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/25/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 51-year-old male with a 11/6/96 date of injury, and status post right shoulder arthroscopy rotator cuff repair and status post L3-4 fusion x 3. At the time (7/16/14) of the decision for urine toxicology screen, there is documentation of subjective (severe pain rated 5/10 with medications and 9/10 without medications) and objective (cervical spine tenderness to palpation, positive Spurling, thoracic spine tenderness to palpation, limited range of motion due to pain, lumbar spine tenderness to palpation, positive straight leg raise, decreased sensation left C6, C7, L4, L5 and S1, and right C5, C6 and L4 distributions; right shoulder tenderness, signs of impingement, limited and painful range of motion) findings, current diagnoses (status post arthroscopy shoulder rotator cuff repair, degenerative joint disease, shoulder impingement syndrome, cervical radiculopathy, lumbar post laminectomy syndrome, and cervicalgia), and treatment to date (medications (including Oxycodone and Norco)). 3/3/14 medical report identifies that a UDS was ordered. There is no documentation that the patient is at "moderate risk" of addiction & misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of status post arthroscopy shoulder rotator cuff repair, degenerative joint disease, shoulder impingement syndrome, cervical radiculopathy, lumbar post laminectomy syndrome, and cervicalgia. In addition, there is documentation of ongoing opioid treatment. However, given documentation that a UDS was ordered 3/3/14 and 6/20/14, there is no documentation that the patient is at "moderate risk" of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for urine toxicology screen is not medically necessary.