MAXIMUS Federal Services

Case Number:	CM14-0118168		
Date Assigned:	08/06/2014	Date of Injury:	02/11/2003
Decision Date:	09/24/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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 is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 48 year old female who sustained a work related injury on 11-1-97. The claimant complains of chronic neck pain and bilateral shoulder. The claimant is treated with medications to include Norco, Soma, Ultram and Neurontin. The claimant has had three UDS performed on 1-21-14, 4-29-14 and 5-20-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opidois onging use Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chappter - UDT.

Decision rationale: The Chronic Pain Medical Treatment guidelines as well as the Official Disability Guidelines (ODG) reflect that Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. ODG reflects that Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. It is noted that Patients at "low risk" of addiction/aberrant behavior should be tested

within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. There is an absence in documentation noting that this claimant has any abuse or misuse of medications or that she is at moderate or high risk. There is no documentation as to why the frequency of UDT performed. She has not exhibited aberrant behavior with the use of medications. Therefore, the retrospective request for a Urine Drug Screen is not medically necessary and appropriate.