

Case Number:	CM14-0125660		
Date Assigned:	08/11/2014	Date of Injury:	10/08/2012
Decision Date:	09/11/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/08/2014

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 Family Practice and is licensed to practice in Ohio. 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:

The injured worker has been experiencing left knee pain since the 2000. She was subsequently diagnosed with osteoarthritis of the knee and received a steroid injection in 2012. On February 26th 2013 injured worker underwent a partial knee replacement on the left. She continues to have left knee pain, left hip pain, neck pain and bilateral shoulder pain. Additional diagnoses include cervical disc degeneration, bilateral shoulder impingement, left sided greater trochanter bursitis, and a myofascial pain syndrome. The record reflects that the injured worker has been maintained on non-opiate medication since at least November 2, 2013. A urine drug screen was performed on September 17, 2013 and was unremarkable. Likewise a urine drug screen was performed on April 30 of 2014 and again was unremarkable. Additional urine drug screen was ordered for May 6, 2014 but it is unclear if that was ever accomplished or merely non-certified prospectively. A urine drug screen was again ordered for July 30 of 2014. A recent utilization review did not certify this test as being medically necessary. A review of the available record does not reveal evidence of psychiatric disturbance or prior aberrant drug usage for this injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review-Urine drug screen (date of service 7-30-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers Compensation; Urine Drug Testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Chronic Pain Section>, <Urine Drug Testing Topic>.

Decision rationale: Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addictions screening, pill counts, and prescription drug monitoring reports. Urine drug testing is recommended at the onset of treatment of a new patient who is already receiving a controlled substance when chronic opioid management is considered, in cases which the patient asks for a specific drug of a controlled nature, or if the patient is a positive addictions screening evaluation. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior recommended for point of contact screening two to three times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunctional social situations, and for those patients with comorbid psychiatric pathology. Patients at high risk of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. In this case, the injured worker has not had opioid medications since after her surgery in February 2013. The current treating physician has not prescribed opioids for the patient. There is no history of aberrant drug behavior or psychiatric comorbidity listed in the record. Essentially, there is no reason to consider that this injured worker should be placed in anything but a low risk category in terms of urine drug screen monitoring. As urine drug screening has been accomplished at least two and possibly three times in the previous year, the urine drug screen from July 30 of 2014 was not medically necessary. The requested treatment is not medically necessary and appropriate.

Prospective review-Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers Compensation; Urine Drug Testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Chronic Pain Section>, <Urine Drug Testing Topic>.

Decision rationale: Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information

includes clinical observation, results of addictions screening, pill counts, and prescription drug monitoring reports. Urine drug testing is recommended at the onset of treatment of a new patient who is already receiving a controlled substance when chronic opioid management is considered, in cases which the patient asks for a specific drug of a controlled nature, or if the patient is a positive addictions screening evaluation. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior recommended for point of contact screening two to three times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunctional social situations, and for those patients with comorbid psychiatric pathology. Patients at high risk of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. In this case, the injured worker has not had opioid medications since after her surgery in February 2013. The current treating physician has not prescribed opioids for the patient. There is no history of aberrant drug behavior or psychiatric comorbidity listed in the record. Essentially, there is no reason to consider that this injured worker should be placed in anything but a low risk category in terms of urine drug screen monitoring. As urine drug screening has been accomplished at least two and possibly three times in the previous year, the urine drug screen from July 30 of 2014 was not medically necessary. The requested treatment is not medically necessary and appropriate.