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| Case Number: | CM14-0132441 | | |
| Date Assigned: | 08/25/2014 | Date of Injury: | 05/10/2001 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 07/30/2014 |
| Priority: | Standard | Application Received: | 08/19/2014 |

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 Preventive Medicine 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 53-year-old male with a 5/10/01 date of injury. At the time (6/6/14) of request for authorization for retrospective request for urine drug screen test, for the service date of 06/06/2014, there is documentation of subjective (pain in the back, bilateral upper, and lower extremities) and objective (limited cervical and spine range of motion with paracervical spasms, tenderness over the cervical and lumbar paravertebral muscles, weakness of upper and lower extremities, and suppressed reflexes at the biceps and patella levels) findings, current diagnoses (chronic pain syndrome), and treatment to date (medications (including ongoing treatment with Oxycontin) and physical therapy). There is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for urine drug screen test, for the service date of 06/06/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16, 16-19, page 24, page 43, pages 63-64, pages 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain, Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

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 a diagnosis of chronic pain syndrome. In addition, there is documentation of ongoing opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for urine drug screen test, for the service date of 06/06/2014 is not medically necessary.