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| Case Number: | CM14-0135206 | | |
| Date Assigned: | 08/27/2014 | Date of Injury: | 10/06/2004 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 07/07/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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 Internal Medicine and is licensed to practice in Maryland. 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 employee is a 56 year old male who was injured on 10/06/04, when he was attacked by an inmate. His past treatment included removal of right eye in 2004, trigger point injections in 2012 and occipital nerve block. His diagnoses included post traumatic headaches, chronic myofascial pain syndrome, cervical and thoracolumbar spine and moderate peripheral sensorimotor neuropathy. His medications included Percocet 10/325mg 1 tab PO every 6-8 hours, Norco 10/325mg 1 tab PO every 6-8 hours and Anaprox DS 1 tab PO every 8-12 hours. He had a 50% relief of pain and 50% improvement of function. He was also doing home stretching exercises. He had consistent urine drug tests on 01/08/14, 03/19/14 and 05/14/14 that were positive for Citalopram, Hydrocodone and Oxycodone. His progress notes from 06/25/14 were reviewed. He reported intractable upper and lower back pain well controlled with current medications. He remains depressed. On examination, he was a very depressed looking individual. Range of motion of lumbar and thoracic spine was restricted. He had multiple myofascial trigger points. He had decreased dorsi and plantar flexion of right foot. His plan of care included Percocet, Norco, urine drug screen and home exercise program. The request was for urine drug testing with quantitative chromatography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, Quantitative (Units): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): OPIOIDS, Chronic Pain Treatment Guidelines URINE DRUG TESTING Page(s): 43.

Decision rationale: The MTUS guidelines recommend obtaining drug tests intermittently while on Opioids. But the MTUS does not address the frequency with which testing should be done. The ACOEM guidelines recommend urine drug screenings up to 4 times a year while on opioids as well as "for cause" like drug intoxication, motor vehicle crash, lost or stolen prescriptions, using more than one provider and selling of medications. In this case, the provider has not discussed or described the results of the urine drug tests that were done during the previous visits. There is no documentation about the need for monthly drug testing. Performing frequent urine drug testing without a clear cause doesn't meet guideline criteria. The request for quantitative chromatography for urine drug testing is not medically necessary and appropriate.