

Case Number:	CM14-0153879		
Date Assigned:	09/23/2014	Date of Injury:	03/05/2013
Decision Date:	10/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/20/2014

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 Rehabilitation 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:

The patient is a 56-year-old female who has submitted a claim for cervical, thoracic and lumbar sprain, cervical and lumbar radiculopathy, cervical and lumbar degenerative disc disease, left knee patellofemoral syndrome, post-concussive syndrome, adjustment disorder with mixed anxiety and depressed mood, and cognitive disorder secondary to mild TBI; associated with an industrial injury date of 03/05/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of headaches and double vision, neck and low back pain, and pain in the fingertips. Physical examination showed no evidence of deformity or muscle spasm. Cervical range of motion was moderately limited and lumbar range of motion was minimally limited. Provocative tests were negative. Reflexes were normal. Motor and sensory testing was normal. Treatment to date has included medications, acupuncture, and physical therapy. Utilization review, dated 08/22/2014, denied the request for retrospective urine drug screen. The reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen DOS 05/02/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring

Decision rationale: As stated on page 94 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the patient can be classified as 'moderate risk' as she was diagnosed with adjustment disorder with mixed anxiety and depressed mood since 2013. Urine drug testing was done on 05/02/2014, which was within the recommended number of urine drug tests given that the patient is at moderate risk for drug abuse. Therefore, the retrospective urine drug screen dos 05/02/2014 is medically necessary.