

Case Number:	CM14-0154066		
Date Assigned:	09/23/2014	Date of Injury:	08/22/2000
Decision Date:	10/30/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 39 year old female who was injured on 08/22/2000. The mechanism of injury is unknown. Prior medication history included Vicodin, Relafen, Soma, and Ambien. She has had physical therapy which has been beneficial for her. Toxicology screen dated 08/19/2014 detected hydrocodone, Hydromorphone, Norhydrocodone, acetaminophen, Carisoprodol, and Meprobamate which is expected with the listed prescribed medications included hydrocodone, Carisoprodol, and Zolpidem. Zolpidem was not detected. Progress report/RFA dated 08/19/2014 states the patient complained of low back pain and lower extremity pain, right greater than left. She reported associated numbness and tingling in the posterior lateral aspect of the distal lower extremities. She is reportedly taking Vicodin, Soma, and Ambien. He rated his pain as 6-7/10 with medications and 10/10 without medications. On exam, she has palpable muscle spasm present with tenderness over the right iliac crest. The lumbar spine revealed range of motion exhibits flexion at 45 degrees; extension at 15 degrees; and right and left lateral flexion at 15 degrees. Straight leg raise is positive bilaterally at 60 degrees. Motor muscle testing was slightly decreased. She had hypoesthesia in the right L4, L5 and S1 dermatomes. She is diagnosed with residual low back pain with bilateral lower extremities radicular symptoms, right greater than left. The patient was recommended for a urine drug screen. Prior utilization review dated 08/30/2014 states the request for 4 Urine drug screens is modified to certify 1 urine drug screenings, the remaining 3 are not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation University of Michigan Health Systems Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 1009), page 33

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing

Decision rationale: The guidelines recommend urine drug screening to screen for substance abuse or monitoring of patients on chronic opioid therapy. In general, screening on a yearly basis is sufficient for patients on chronic opioid therapy at low risk for abuse. The clinical notes did not discuss the patient's history of aberrant behavior or risk for substance abuse. The notes did not identify the patient as being at increased risk for substance abuse or misuse. The documents indicate the patient has had several UDS within the past year. It is unclear why repeat UDS is being requested sooner than guidelines recommendations. Based on the guidelines and criteria as well as the clinical documentation stated above, the request of Urine drug screen #4 is not medically necessary and appropriate.