MAXIMUS Federal Services

Case Number:	CM14-0156680		
Date Assigned:	09/26/2014	Date of Injury:	07/07/2008
Decision Date:	10/27/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/24/2014

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, Pain Management has a subspecialty in Interventional Spine 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 61-year-old male with an injury date of 07/07/2008. According to 11/13/2013 progress report, the patient complains of having lower back pain and right foot pain. The patient also has numbness, paresthesia, and weakness. The patient rates his pain as an 8/10 and describes the knee pain as being a daily throbbing bone ache, off and on. The patient has a decreased range of motion, weakness, heaviness, numbness, tingling, warmness, touch/temperature sensitivity, right foot drop, and unstable gait. The patient states that his right lower RSD is now causing severe pain in the left knee and lower extremity causing him to be at risk of daily falls. The patient has a positive straight leg raise on both sides. Range of motion of the spine is limited secondary to pain. Sensation to light touch is decreased in the right, hypersensitive, allodynic, in the lateral foot, in the dorsal foot. The patient's diagnoses include the following: 1. Reflex sympathetic dystrophy of lower limb. 2. Joint pain of the shoulder. 3. Pain, knee joint. The Utilization Review determination being challenged is dated 09/04/2014. There were treatment reports provided from 11/13/2013 and 12/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine drug testing (UDT)

Decision rationale: Based on the 11/13/2013 progress report, the patient complains of having lower back pain and right foot pain. The request is for a urine drug screen. The report with the request was not provided. Review of the reports does not provide any indication that the patient previously had a urine drug screen. While MTUS does not specifically address how frequently UDS should be obtained from various risk opiate users, ODG Guidelines provided clear guidelines for low risk opiate users. It recommends once yearly urine drug screen following initial screening within the first 6 months of management of chronic opiate use. In this case, the utilization review letter states that the patient is currently taking Norco, buspirone, amitriptyline, Prilosec, and baclofen. There is no discussion provided as to why the treater is requesting for a urine drug screen. It does not appear that the patient had a urine drug screen recently. ODG does allow for once yearly testing for low risk patients. Given the above the request is medically necessary.