

Case Number:	CM14-0158087		
Date Assigned:	10/01/2014	Date of Injury:	09/12/2001
Decision Date:	10/30/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/26/2014

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, 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 date of injury of 09/12/2001. The listed diagnoses per [REDACTED] from 05/29/2014 include failed back surgery syndrome, lumbar radiculopathy, cervical disk disease, status post bilateral shoulder surgery with residual impairment, myofascial pain syndrome and a sleep disorder. According to this report, the patient complains of aching pain in the shoulder, hips, and low back. He admits to radiating pain from his back to his right hip and right lateral thigh. There is numbness and tingling noted in his right calf along the same dermatome. He describes his pain an 8/10 to 9/10. The patient's current list of medications includes Baclofen, Ibuprofen, Sertraline, propranolol, Simvastatin, Famotidine, and Naproxen. The physical examination show the cervical spine alignment is intact. Multiple trigger points were found in the suboccipital region with reference zone to the head, lower back, and upper trapezius. On the left shoulder, there is ratcheting and catching noted upon abduction and rotation. There is difficulty raising the arms above the shoulder level. Kemp's test is positive. There was evidence of trigger point tenderness or muscle spasms in the lumbar spine. Tingling and numbness is noted in the distribution of the L4-L5 on the right. There are fine motor fasciculation of the right lower extremity. The utilization review denied the request on 09/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

UDS Dated 7-28-14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Urine Drug Testing

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

Decision rationale: This patient presents with shoulder, hips, and low back pain. The physician is requesting a urine drug screen. The MTUS Guidelines do not specifically address how frequent urine drug screens should be obtained for various risk opiate users. However, ODG Guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The 04/24/2014 report shows that the patient is currently taking Norco and a UDS was requested for medication compliance. The 05/29/2014 report then notes, "We have discontinue all controlled medications and have the patient receive from primary care." In this case, it appears that the physician is requesting a prospective request for a UDS to monitor compliance. There are no previous urine drug screens noted in the reports. Given that the patient was on opiates thus far, UDS is appropriate and supported by MTUS. Therefore the request is medically necessary.