

Case Number:	CM14-0164575		
Date Assigned:	10/09/2014	Date of Injury:	01/17/2007
Decision Date:	11/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/07/2014

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 61-year old male who sustained multiple injuries on 01/17/2007 when he was rear-ended in his vehicle. Prior treatment history has included lumbar spine epidural steroid injection, physical therapy, and home exercise program. There were no updated toxicology reports available. Toxicology report dated 04/04/2012 did not detect the prescribed medication Zolpidem; March 13, 2012 drug screening revealed did not detect oxycodone as it was negative. Progress report dated 11/02/2011 noted the patient presented with complaints of cervical spine pain rated as a 7/10 and radiates to head and down to hand. He also reported lumbar spine pain rated as 8/10 which radiates to the legs, right greater than left. Objective findings on exam revealed tenderness to palpation of the cervical and lumbar spine and pain with range of motion. He was diagnosed with lumbar spine radiculopathy, disc bulge at C3-4 and overuse syndrome of bilateral upper extremities. He was prescribed Naproxen, Prilosec, Neurontin, and Tramadol. The other office dates listed are not provided for review. The patient is recommended for UDS (urine drug screen) as per RFA dated 08/12/2014. Prior utilization review dated 09/09/2014 states the requests for Retrospective request for UDS (urine drug screen) (DOS 11-2-11); Retrospective request for UDS (urine drug screen) (DOS 3-7-12); Retrospective request for UDS (urine drug screen) (DOS 4-4-12); and Retrospective request for UDS (urine drug screen) (DOS 9-5-12) are not certified as there is no indication documented warranting this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for UDS (urine drug screen) (DOS 11-2-11): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43.

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. From the documents provided it is unclear how many urine drug screenings the patient underwent and the time course of the screenings. From the documents it is not clear what medications the patient was on at the time of the screening and if the results were consistent with the expected medication profile. The notes did not provide justification for the UDS more frequently than the recommended interval. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Retrospective request for UDS (urine drug screen) (DOS 3-7-12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

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. From the documents provided it is unclear how many urine drug screenings the patient underwent and the time course of the screenings. From the documents it is not clear what medications the patient was on at the time of the screening and if the results were consistent with the expected medication profile. The notes did not provide justification for the UDS more frequently than the recommended interval. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Retrospective request for UDS (urine drug screen) (DOS 4-4-12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

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. From the documents provided it is unclear how many urine drug screenings the patient underwent and the time course of the screenings. From the documents it is not clear what medications the patient was on at the time of the screening and if the results were consistent with the expected medication profile. The notes did not provide justification for the UDS more frequently than the recommended interval. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Retrospective request for UDS (urine drug screen) (DOS 9-5-12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

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. From the documents provided it is unclear how many urine drug screenings the patient underwent and the time course of the screenings. From the documents it is not clear what medications the patient was on at the time of the screening and if the results were consistent with the expected medication profile. The notes did not provide justification for the UDS more frequently than the recommended interval. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.