

Case Number:	CM14-0165401		
Date Assigned:	10/09/2014	Date of Injury:	01/18/2011
Decision Date:	11/10/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/06/2014

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 California Medical Treatment Utilization Schedule (MTUS) supports the use of urine drug screening in injured workers using opioid medication with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines supports on-going monitoring if the injured worker has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. Random testing no more than twice a year is recommended for injured workers considered at low risk for adverse events or drug misuse. Those injured workers at intermediate risk are recommended to have random testing 3 to 4 times a year. Injured workers at high risk for adverse events/misuse may at a frequency of every other and even every visit. Guideline criteria have not been met. There is no documentation in the file regarding prior urine drug testing. It is reasonable to allow the primary treating physician assuming medication management to assess current medication compliance. Therefore, this request is medically necessary. It is reasonable to allow the primary treating physician assuming medication management to assess current medication compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Panel of Urine Drug Testing between 8/26/2014 and 8/26/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use, Page(s): 43, 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT)

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports the use of urine drug screening in injured workers using opioid medication with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines supports on-going monitoring if the injured worker has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. Random testing no more than twice a year is recommended for injured workers considered at low risk for adverse events or drug misuse. Those injured workers at intermediate risk are recommended to have random testing 3 to 4 times a year. Injured workers at high risk for adverse events/misuse may at a frequency of every other and even every visit. Guideline criteria have not been met. There is no documentation in the file regarding prior urine drug testing. It is reasonable to allow the primary treating physician assuming medication management to assess current medication compliance. Therefore, this request is medically necessary. It is reasonable to allow the primary treating physician assuming medication management to assess current medication compliance.