

Case Number:	CM14-0177554		
Date Assigned:	10/31/2014	Date of Injury:	03/28/2011
Decision Date:	12/09/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/27/2014

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 Pain 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:

This is a patient with a date of injury of 3/28/11. A utilization review determination dated 10/16/14 recommends non-certification of UDS. It noted that a 10/2/14 medical report reported the patient taking Norco, Soma, and Mobic and UDS was requested every 4-6 weeks. It noted a 10/7/14 request for information and a response noting that the patient's prior UDS was 8/6/14 and negative for everything including opiates, but the reviewer noted that the UDS was actually positive for opiates, Soma, acetaminophen, and benzodiazepines. The 8/6/14 UDS report is inconsistent, with positive results for carisoprodol, ethyl glucuronide, ethyl sulfate, oxycodone and metabolites, and benzodiazepines. It was negative for hydrocodone and metabolites, which was also inconsistent. The 10/2/14 UDS report is inconsistent with the presence of ethyl glucuronide and ethyl sulfate. Hydrocodone and metabolites were positive and apparently prescribed. The 8/28/14 medical report identifies back and lower extremity symptoms as well as right forearm symptoms. On exam, there is a slight limp on the right, EHL strength 5-/5 bilaterally, sensation diminished over the dorsomedial aspect of the left foot and lateral aspect of the left calf, and lumbar tenderness. The 8/6/14 medical report identifies pain becoming more severe and he has sleep disturbances. Lumbar pain extends down the length of the left leg and also to the right knee. Medication helps with pain. On exam, no abnormal findings are noted. Recommendations include Soma, Norco, Mobic, and transdermal compound creams. The 6/5/14 UDS is inconsistent with the presence of ethyl glucuronide, ethyl sulfate, and benzodiazepines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology- urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79; 99.

Decision rationale: Regarding the request for a urine drug screen, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there are multiple inconsistent screens, which are consistent with a higher risk patient, but there is no discussion with regard to these inconsistencies. Additionally, there is no clear rationale identifying why the provider recommends frequent drug testing, but the repeated inconsistencies do not result in changes to the treatment plan with regard to medication usage. In light of the above issues, the currently requested urine drug screen is not medically necessary.