MAXIMUS Federal Services

Case Number:	CM14-0177560		
Date Assigned:	10/31/2014	Date of Injury:	12/18/1996
Decision Date:	12/08/2014	UR Denial Date:	10/15/2014
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 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 injured worker (IW) is a 67-year-old man with a date of injury of December 18, 1996. The mechanism of injury was not documented in the medical record. Previous treatments included medication, sacroiliac joint block, lumbar surgery, physical therapy, and chiropractic care.Pursuant to the progress report dated September 18, 2014, the IW reported pain in his back, neck, knees, shoulders, and elbows. The objective findings included decreased and painful range of motion of the lumbar spine and knee. Orthopedic tests were positive. The IW ambulated with a cane and had antalgic gait. The IW was diagnosed with chronic pain syndrome, bilateral elbow pain, bilateral shoulder pain, bilateral knee degenerative osteoarthritis, lumbar facet arthropathy, and bilateral sacroiliac joint arthroplasty. Current medications include: OxyContin 80mg, Oxycodone 30mg, Tizanidine 4mg, and Colace 100mg. The last urine drug screen in the submitted medical records is dated March 20, 2014. The IW was positive for Oxycodone and Oxymorphone. There was no documentation that the IW has any risk factors for abuse of opioid drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug screen collected 9/15/2014 between 9/15/2014 and 9/22/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG); Pain Section; Urine Drug Testing

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug testing collected between September 15, 2014 and September 22, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of testing and ongoing monitoring is based on whether the patient/injured worker is at high risk for low risk of addiction. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk should be tested to three times the year with confirmatory testing for inappropriate or unexplained results in patients at high risk may require testing as often as once per month. In this case, the injured worker had a drug screening test on March 20, 2014. The test was consistent with his medication list. The guidelines recommend once yearly urine drug screens for patients were prescribed opiates who do not present with any risk factors. This injured worker does not have any risk factors in the medical record for abuse/misuse of opiate drugs. Consequently, the repeat urine drug screen is not medically necessary. Based on the clinical information of the medical record and the peer-reviewed evidence-based guidelines, the repeat urine drug screen is not medically necessary.