

Case Number:	CM14-0182616		
Date Assigned:	11/07/2014	Date of Injury:	09/06/2012
Decision Date:	12/11/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 38-year-old male presenting with a work-related injury on September 6, 2012. The patient was diagnosed with pain in the joint, forearm. The patient's medications include Lyrica 50 mg twice a day for neuropathic pain will, and Lidoderm patch 5%. The patient complained of right forearm radiating into the hand and tingling in the fingers. The patient has tried multiple surgeries the right hand and wrist. According to the medical records the patient does not wish to be treated with opioid medication. The physical exam was significant for right upper extremity well-healed scar without allodynia, decreased grip strength and range of motion, as well as profuse tenderness. The patient was diagnosed with status post right wrist fusion surgery on January 27, 2014 with persistent right distal forearm/wrist pain. A claim was made for urine drug screen four times per year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, four times a year: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse Page(s): 97.

Decision rationale: Urine drug screen, four times a year is medically necessary. Per CA MTUS guideline on urine drug screen to assess for the use or the presence of illegal drugs as an option in patients on chronic opioids, and recommend screening for the risk of addiction prior to initiating opioid therapy. (1) However, these guidelines did not address the type of UDS to perform, or the frequency of testing. The ODG guidelines also recommends UDS testing using point of care immunoassay testing prior to initiating chronic opioid therapy, and if this test is appropriate, confirmatory laboratory testing is not required. Further urine drug testing frequency should be based on documented evidence of risk stratification including use of the testing instrument with patients' at low risk of addiction, aberrant behavior. There is no reason to perform confirmatory testing unless tests is an appropriate orders on expected results, and if required, a confirmatory testing should be for the question drugs only. If urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the question drug. (2) The claimant is not on opioids and did not wish to be treated with opioids; therefore the requested services are medically necessary.