

Case Number:	CM14-0024202		
Date Assigned:	06/11/2014	Date of Injury:	12/05/2011
Decision Date:	07/18/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/26/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 50 YEAR OLD FEMALE WITH A DATE OF INJURY 12/5/11. THE DIAGNOSES INCLUDE CERVICAL DISC BULGES, CERVICAL RADICULITIS. UNDER CONSIDERATION IS A REQUEST FOR A RETROSPECTIVE URINE DRUG SCREEN (DOS 12/10/13).THERE IS A 1/11/14 PRIMARY TREATING PHYSICIAN PROGRESS REPORT THAT STATES THAT THE PATIENT HAS URINE TOXICOLOGY MONITORING POSITIVE FOR TRAMADOL WHICH IS CONSISTENT WITH THE PATIENT TAKING ULTRAM. ON EXAM THERE IS 70 DEGREES OF FLEXION AND 70 DEGREES OF EXTENSION. THERE IS A POSITIVE HEAD COMPRESSION. THE TREATMENT PLAN INDICATES THE PATIENT IS TO UNDERGO CERVICAL INJECTIONS, CONTINUE ULTRAM, AND HAVE URINE TOXICOLOGY MONITORING. THIS IS TO MONITOR THE PATIENT'S MEDICATION USE. IN THE PAST SHE HAS TESTED POSITIVE FOR TRAMADOL AND BUTRANS HOWEVER SHE IS NO LONGER ON BUTRANS. PER DOCUMENTATION UDS WERE PERFORMED ON 2/20/13, 3/20/13, 5/8/13, 6/26/13, 8/7/13, 9/18/13, 10/16/13, 11/12/13, AND 12/10/13.THE FINDINGS WERE CONSISTENT AND POSITIVE FOR TRAMADOL. PER DOCUMENTATION SUBMITTED A 9/6/13 AME INDICATES THAT THE PATIENT DENIES SMOKING CIGARETTES OR DRINKING ALCOHOL.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR: URINE DRUG SCREEN (DOS 12/10/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, steps to avoid misuse/addiction Page(s): 43; 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(chronic): Urine drug testing (UDT).

Decision rationale: Retrospective request for urine drug screen (DOS 12/10/13) is not medically necessary per the MTUS and ODG guidelines. The MTUS guidelines state that frequent random urine toxicology screens can be used as a step to avoid misuse of opioids, and in particular, for those at high risk of abuse. The MTUS states that urine drug screen is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The patient has had numerous urine drug tests which were consistent with her prescribed medication. There is no documentation of aberrant behavior. The ODG states patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation submitted does not reveal evidence that indicates that the patient requires such frequent urine drug screening. Therefore the retrospective request for urine drug screen (DOS 12/10/13) is not medically necessary.