

Case Number:	CM14-0027343		
Date Assigned:	06/13/2014	Date of Injury:	04/25/2002
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/04/2014

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 Occupational 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 patient is a 65-year-old female with a date of injury of 4/25/02. She has developed a chronic pain syndrome secondary to chronic low back pain and poor results from a total right knee replacement. She has been treated long term with Hydrocodone 10/325mg #60-90 per month on an as needed basis. She is not on other opioids and there are no documented personal risk factors or personal behaviors suggesting a moderate or high risk for medication misuse. Urine drug testing has been performed every 2-3 months for greater than the past 12 months. The results have been reported to be consistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO FOR DATE OF SERVICE (DOS) 1/29/14: FOR URINE DRUG SCREEN:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids screening for addiction (tests) Page(s): 90-91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids screening for addiction Page(s): 90-91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain acute and chronic, Urine drug testing.

Decision rationale: The recommendations for drug testing during opioid use have been mostly recommended and utilized after the MTUS chronic pain guidelines were implemented. The Official Disability Guidelines (ODG) have updated this issue and recommended only annual drug testing on individuals who are low risk for misuse. In this case, the documentation does not support any other risk stratification which makes the every 2-3 month drug testing not medically necessary. As such, the request is not certified.