

Case Number:	CM14-0027985		
Date Assigned:	06/20/2014	Date of Injury:	06/28/2004
Decision Date:	07/24/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/05/2014

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 Family 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 36-year-old female claimant sustained a work injury on 6/28/04 involving her neck and upper extremities. The claimant has a diagnosis of cervical facet arthropathy, left shoulder impingement, left medial epicondylitis and myofascial pain. She had been on Norco as needed, Neurontin and Amitriptyline for related headaches and pain. A progress note on 3/11/14 indicated that the claimant had continued pain and had undergone therapy as well as radiofrequency neurotomy. The treating physician continued her analgesics and ordered urine toxicology screenings for opiate monitoring on an intermittent basis. Similar notes and screening requests were noted from the same pain management physician since 2/6/13. The claimant had been on an opiate contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly urine drug screen in office: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 83-91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Toxicology screening.

Decision rationale: According to the California MTUS guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. The Official Disability Guidelines (ODG) recommends urine drug screen at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. In cases in which the patient asks a specific drug that has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. Also urine drug screen is recommended if the patient has a positive or "at risk" addiction screen on evaluation or if aberrant behavior or misuse is suspected and/or detected. In this case, there is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Furthermore, screening for addiction risk should be performed with questionnaires such as the Cage, Skinner trauma, Opioid Risk Tools, etc. Such screening tests were also not indicated in the documentation. Based on the MTUS and ODG guidelines, lack of evidence of addiction or abuse and clinical history of intermittent opioid use on an as needed basis (twice daily Norco PRN), a urine toxicology screen is not medically necessary.