

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0039290 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 11/08/2008 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 03/13/2014 |
| Priority: | Standard | Application Received: | 04/03/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty Interventional Spine 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 patient is a 52-year-old female with a date of injury of 11/08/2008. The listed diagnoses per [REDACTED] are: Status post bilateral L4-L5 and bilateral L5-S1 Rhizotomy; Status post diagnostic bilateral L4-L5 and L5-S1 facet joint medial branch block; Bilateral lumbar joint pain; Lumbar facet joint arthropathy; Lumbar degenerative disk disease; L4-L5 and L5-S1 disk protrusion; Lumbar sprain/strain; and Cervical facet pain and joint arthropathy. According to progress report 03/10/2014, the patient presents with bilateral low back pain and left knee pain. The patient is also complaining of bilateral neck pain that radiates to the shoulder. The patient's current medications regimen includes Wellbutrin, Prilosec, Maxide, and Oxycodone 30 mg. The patient is status post left total knee replacement on 06/08/2011. The provider states the patient was denied the urine drug screen (UDS), and he is making an appeal for a repeat UDS as her screen was not consistent with her medications. He is requesting a repeat in-office random 12-panel urine drug screen for cause given the patient's 02/13/2014 UDS showed absence of Oxycodone and presence of Hydrocodone. The Utilization review denied the request on 03/13/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

One 12 Panel Urine Drug Screen: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS: Chronic Pain Medical Treatment Guidelines, Drug testing, page 43; and on the Non-MTUS: Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with knee, low back and neck pain. The provider is requesting a repeat in-office random 12-panel urine drug screen as the patient's prior UDS showed absence of Oxycodone and presence of Hydrocodone. The Utilization review denied the request stating the patient has already had a UDS and with no aberrant behaviors, additional screening is noncertified. While the MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, the ODG Guidelines provide clearer recommendation. The ODG recommends 2 to 3 times a year urine screen for inappropriate or unexplained results in moderate risk patients. The UDS from November 2013 was consistent with the medication prescribed. The patient was given another UDS in February 2014 which was inconsistent. The ODG recommends 2 to 3 times a year urine screen for inappropriate or unexplained results in moderate risk patients. It appears the patient had one UDS thus far in 2014 and given the patient inconsistent results a re-test is reasonable and consistent with the guidelines. Therefore, one 12 Panel Urine Drug Screen is medically necessary.