

Case Number:	CM14-0040687		
Date Assigned:	06/27/2014	Date of Injury:	08/17/2005
Decision Date:	08/19/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 46-year-old male was reportedly injured on August 17, 2005. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 12, 2014, indicates that there are ongoing complaints of low back pain. The injured employee has an indwelling spinal cord stimulator. The physical examination demonstrated ambulation with the use of a cane. The spinal cord stimulation site does not show any signs of skin breakdown, problems, or signs of infection. There was a normal neurological examination. A previous note dated January 27, 2014, indicates that the injured employees currently prescribed methadone, oxycodone, Lyrica, and naproxen. The injured employee had been recently authorized participation in an inpatient opioid detox program. Diagnostic imaging studies reported spinal cord leads directly over the T11-T12 vertebral bodies. There was a solid fusion at L4 through S1. A request was made for a random urine drug screening and was not certified in the pre-authorization process on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random Urine Drug Screening, once every quarter (4 times yearly): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment; Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing MTUS (Page(s): 43 of 127.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines support the use of urine drug screening as part of ongoing chronic opioid management. When noting the injured employees multiple opioid medications with abuse potential, and recent approved enrollment into a detoxification program there is a clear clinical indication for the use of urine drug screening for the management of this individual's chronic pain. Therefore, this request for a urine drug screening once every quarter is medically necessary.