

Case Number:	CM14-0041244		
Date Assigned:	06/30/2014	Date of Injury:	02/26/2013
Decision Date:	07/30/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/08/2014

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 Practice 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 case involves a 49-year-old female claimant, who sustained a work-related injury on 2/26/13 involving the neck and shoulders. She has a diagnosis of right glenoid labral tear and recurrent shoulder dislocation. She underwent physical therapy, as well as used analgesics including Norco, Tramadol and Anaprox for her pain. A urine drug screen on 7/25/13 was positive for hydrocodone, Tylenol and Tramadol, which was consistent with the medications she was given. She underwent a shoulder surgery on 8/5/13, after which she was given Norco. She was marinated on analgesics for several months. A progress note on 1/6/14 indicated that the claimant was to continue therapy and current medications. A urine drug screen on 3/6/14 was positive for Tylenol and NorHydrocodone, which was also consistent with the medications given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for a Urine Drug Screen (Date of Service: 03/06/14) Quantity: 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Steps to take before a therapeutic trial of opioids; On-going management (with Opioids) Page(s): 43, 76-77, and 78. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, 11th Edition, 2013, Pain Chapter, Frequency of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 83-91.

Decision rationale: The Chronic Pain Guidelines indicate that a urine toxicology screen is used to assess the presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or non-compliance. There were no prior urine drug screen results that indicated non-compliance, substance-abuse or other inappropriate activity. Furthermore, the 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. The Official Disability Guidelines indicate that at the onset of treatment, (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings, such as when opioids are required for nociceptive pain; (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution; (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder; (4) If aberrant behavior or misuse is suspected and/or detected. The guidelines also indicate that the criteria for ongoing monitoring includes: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts; and (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. In this case, there was no documentation or evidence of abuse or addiction. The justification for the drug screen on 3/6/14 was not mentioned in the clinical notes. The pain medications were prescribed without modification that would suggest aberrant behavior. Based on the guidelines, a urine toxicology screen is not medically necessary.