

Case Number:	CM14-0046610		
Date Assigned:	07/02/2014	Date of Injury:	02/08/2013
Decision Date:	09/10/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/14/2014

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:

This 36 year old patient had a date of injury on 2/8/2013. The mechanism of injury was not noted. In a progress noted dated 3/17/2014, subjective findings included constant severe pain. On a physical exam dated 3/17/2014, objective findings included tender paraspinal muscles, decreased and painful range of motion. Diagnostic impression shows lumbar radiculopathy, lumbar strain/sprain. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 3/24/2014 denied the request for urine toxicology screen, stating that random drug screening is necessary, but not monthly. The patient is on Norco and Soma, and it is required there be periodic random urine drug testing to make sure that the claimant is compliant with prescribed drugs, as well as not taking non-prescribed medications. He shows no aberrant behavior and there is not indication that he is at risk for abuse. The guidelines would support quarterly screens in this situation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 222-238, Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: Guidelines for the chronic use of opioids states on urine drug screening for patients prescribed opioids for chronic pain: routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician.

Indications - All patients on chronic opioids for chronic pain. Frequency - Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. In the progress report dated 3/16/2014, the patient was prescribed a regimen of Soma as well as Norco with 1 refill. Guidelines support the use of urine drug screening for patients on chronic opioids. Therefore, the request for Urine toxicology screen is medically necessary.