

Case Number:	CM14-0050332		
Date Assigned:	09/10/2014	Date of Injury:	02/01/2003
Decision Date:	10/08/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/19/2014

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:

The claimant was injured on 02/01/03. A urine drug screen is under review. The claimant reports chronic high level low back pain and bilateral knee pain. At multiple visits, only her vital signs have been recorded. She was diagnosed with right knee internal derangement, chronic pain syndrome, mechanical low back pain, morbid obesity, prescription narcotic dependence, chronic pain related insomnia and depression and neuropathic pain. She has been on opiates. She has reported pain reduction from the use of medication. She has been on multiple medications including OxyContin. Her urine drug screen on 04/10/14 was positive for oxycodone and Oxymorphone. A urine drug screen was ordered on 04/14/14 and there was no physical examination other than vital signs. On 05/05/14, there was no physical examination either except for vital signs. A urine drug screen was recommended to assess medication compliance and identify possible drug divergence. The drug screen was positive for oxycodone and Oxymorphone. ██████████ indicated on an unclear date that random urine drug screens, which would be 6-9/year in most cases, would be requested to assess medication compliance and identify possible drug diversion. On 06/18/14, a drug screen was positive for Oxymorphone. On 07/17/14, a drug screen was positive for oxycodone and Oxymorphone.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) page 10

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 77.

Decision rationale: The history and documentation do not objectively support the request for a urine drug screen. The MTUS state "drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The claimant has chronic pain and reports benefit from the use of opiates on a chronic basis. However, there have not been consistent physical examinations when urine drug tests have been requested and no mention of the results of previous drug screens are noted in the office notes. There is no apparent reason to suspect that the claimant is noncompliant with her prescribed medications and no evidence of possible use of other non-prescribed medications or illegal drugs. The claimant has been undergoing urine drug on about a monthly basis. The specific indication, in this case of chronic pain and multiple consistent drug screens, has not been clearly demonstrated. The medical necessity of this request has not been clearly demonstrated.