

Case Number:	CM14-0052759		
Date Assigned:	07/07/2014	Date of Injury:	04/12/1998
Decision Date:	08/07/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/21/2014

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 in Pain Management 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 is a patient with a date of injury of 4/12/98. A utilization review determination dated 3/31/14 recommends non-certification of UDS 3/4/14. It noted that a UDS was performed within the previous 4 months and there was no evidence of aberrant or high-risk behavior. 3/4/14 medical report identifies that the patient has low back and radicular pain. She went to the ED twice during the last month due to exacerbation of pain and was provided medications such as Soma and Vicodin. Medications include Cyclobenzaprine, Naproxen, Omeprazole, Tramadol ER, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen DOS 3/4/2014 QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for Urine drug screen DOS 3/4/2014, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the patient had presented to the emergency department twice in the month prior to the request complaining of exacerbations of pain and were prescribed medications including Soma and Vicodin. This is potentially aberrant behavior for a patient undergoing chronic opioid therapy and repeating urine drug testing was reasonable to help determine compliance and assist with decisions regarding the appropriateness of continuing the patient's medication regimen. In light of the above, the currently requested Urine drug screen DOS 3/4/2014 is medically necessary.