

Case Number:	CM14-0077777		
Date Assigned:	07/18/2014	Date of Injury:	01/22/2012
Decision Date:	09/16/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 & 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 January 22, 2012. A utilization review determination dated May 13, 2014 recommends non-certification for a urine drug screen. A progress report dated February 24, 2014 identify subjective complaints of cervical spine pain, lumbar spine pain, left shoulder pain, and right shoulder pain. Objective findings identify tenderness to palpation in the cervical and lumbar spine with muscle spasms and positive orthopedic maneuvers. Diagnoses include cervical impingement, cervical muscle spasm, cervical radiculopathy, lumbar muscle spasm, lumbar radiculopathy, left rotator cuff tear, right rotator cuff tear, and others. The treatment plan recommends a urine drug screen to rule out medication toxicity. Current medications include Naproxen, Pantoprazole, Fexmid, Ambien, Norco, and topical creams. A progress report dated January 27, 2014 recommends ordering a urine drug screen. A urine drug screen performed on March 24, 2014 is positive for Tramadol and Hydrocodone which is consistent with the patient's prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test, 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 non-adherent) 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 provider notes that the patient is taking pain medication, but there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency (as the patient recently underwent a UDS). There is no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion. As such, the currently requested urine toxicology test is not medically necessary.