

Case Number:	CM14-0084689		
Date Assigned:	09/08/2014	Date of Injury:	04/01/2005
Decision Date:	10/03/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/06/2014

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:

According to the records made available for review, this is a 46-year-old female with a 4/1/05 date of injury. At the time (5/29/14) of the Decision for Retrospective UDS testing performed on 4/15/2014, there is documentation of subjective (chronic pain) and objective (tenderness to palpation over the thoracic, lumbar and cervical pain with decreased range of motion due to pain) findings, current diagnoses (right shoulder impingement, status post anterior transposition ulnar nerve right elbow, fibromyalgia, anxiety with depression, and chronic pain), and treatment to date (ongoing opioid therapy). In addition, medical report identifies multiple urine drug screens performed on 3/19/13, 5/28/13, 7/9/13 and 3/4/14. There is no documentation of abuse, addiction, or poor pain control, and that the patient is at "moderate risk" of addiction & misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restrospective UDS testing performed on 4/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Medical Treatment Guidelines; Drug testing Page(s): pa. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' compensation, 11th Edition, 2013 Pain Chapter (3/21/13) Criteria for the Use of Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement, status post anterior transposition ulnar nerve right elbow, fibromyalgia, anxiety with depression, and chronic pain. In addition, there is documentation of ongoing opioid therapy. However, there is no documentation of abuse, addiction, or poor pain control. In addition, given documentation of multiple urine drug screens performed on 3/19/13, 5/28/13, 7/9/13 and 3/4/14, there is no documentation that the patient is at "moderate risk" of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for Retrospective UDS testing performed on 4/15/2014 is not medically necessary.