

Case Number:	CM14-0091375		
Date Assigned:	07/25/2014	Date of Injury:	04/19/2010
Decision Date:	09/08/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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 Internal Medicine, and is licensed to practice in Arizona. 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 injured worker is a 49 year-old man with a work-related injury dated 04/19/2010 resulting in chronic back pain. The patient was evaluated by the primary provider on multiple occasions including 05/14/2014. The patient was still complaining of low back pain 6/10 which is constant and same. The medications included Anexsia (hydrocodone/acetaminophen), Soma and a topical analgesic cream. The physical exam showed decreased range of motion of the spine with tenderness to palpation and hypertonicity over the bilateral paraspinal muscles. The diagnoses included lumbosacral musculoligamentous sprain/strain, s/p laminectomy in December 2010 and radicular pain down the left lower extremity. The plan of care included specialist consultation a urine toxicology screen and continuation of the topical analgesic medication. The urine toxicology screen was ordered to assess compliance with an opioid medication. Under consideration is the medical necessity of a urine toxicology screen that was denied during utilization review dated 05/28/2014.

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 Opioids. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care, Managing Chronic Non-terminal Pain, Including prescribing Controlled Substances, page 10.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-96.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case the patient is taking an opioid analgesic combination medication, hydrocodone/acetaminophen. It was medically necessary to order a urine toxicology screen to assess compliance with opioid medications. Therefore this request is considered medically necessary.