

Case Number:	CM14-0092544		
Date Assigned:	07/25/2014	Date of Injury:	07/08/2002
Decision Date:	09/08/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/18/2014

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:

This is a 43-year-old female with a 7/8/02 date of injury. The mechanism of injury was not noted. According to the most recent progress report provided for review, dated 4/27/11, the patient complained of continued low back and cervical spine pain. Objective findings: tenderness to palpation of the cervical paraspinal area with paraspinal spasm, tenderness to palpation of the lumbar paraspinal area, negative Spurling's, negative straight leg raise note bilaterally. Diagnostic impression: cervical discogenic disease, cervical radiculopathy, lumbar discogenic disease, lumbar radiculopathy. Treatment to date: medication management, activity modification, ESI. A UR decision dated 6/16/14 modified the request for Retrospective review Urine drug tests (DOS) 09/01/10, 12/09/10, 04/27/11) to certify the urine drug test dated 9/1/10 because it had inconsistent results. Without documentation of aberrant behavior or any other documentation indicating that this claimant was at anything other than minimal risk for medication misuse and without documentation of laboratory results from 12/09/10, the medical necessity is not supported. The last documentation dated 2/26/14 does not indicate the claimant is taking opioids. It is not possible to determine if the claimant is currently taking opioids or when the last urine drug screen was performed with medical records over 90 days prior to the request. The request for prospective urine drug test was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review Urine drug tests (DOS) 09/01/10, 12/09/10, 04/27/11): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment for Workers' Compensation (TWC): Pain Procedure Summary last updated 05/15/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines X 9792.24.2 page(s) 43, 78 Page(s): 43 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The most recent report provided for review was dated 4/27/11, which is over 3 years ago. It is unknown what the patient's current condition is or if she is currently still utilizing opioid therapy. Therefore, the request for Prospective review Urine drug test was not medically necessary.

Prospective review Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment for Workers' Compensation (TWC): Pain Procedure Summary last updated 05/15/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines X 9792.24.2 page(s) 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The records provided included urine drug screen results from 9/1/10, 12/9/10, and 4/27/11. Guidelines support the use of urine drug screens in patients utilizing chronic opioid therapy. Therefore, the request for Retrospective review Urine drug tests (DOS) 09/01/10, 12/09/10, 04/27/11) was medically necessary.