

Case Number:	CM14-0094401		
Date Assigned:	07/25/2014	Date of Injury:	03/29/2010
Decision Date:	10/01/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/20/2014

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 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:

The patient is a 55 year old male who was injured on 03/29/2010 while he was carrying movie set equipment. Prior medication history included hydrochlorothiazide, lisinopril, Diltiazem, Novolog, Byetta, Guanfacine; Metformin; Prilosec, and ASA. Progress report dated 12/27/2013 states the patient noted poorly controlled blood glucose levels at his home with an average of 268 mg/dL. He reported waking several times a night to urinate, which has lead to poor sleep quality. He also reported gastroesophageal reflux symptoms. On exam, his blood pressure is 143/84; heart rate 84; blood glucose 293 mg with insulin. There were no other significant findings on exam. He is diagnosed with diabetes mellitus; hypertension; obesity; blurred vision, rule out secondary to hypertension and diabetes; sleep disorder, rule out obstructive sleep apnea. Fasting labs and urine toxicology were ordered. On exam dated 02/06/2014, his blood sugars were 212 mg/dL, fasting (with insulin); blood pressure 167/103 (with medications taken at 11am) and heart rate of 84 bpm. Prior utilization review dated 06/10/2014 states the request for urine toxicology is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT)

Decision rationale: The guidelines recommend urine toxicology screening to assess for medication compliance in patients on chronic opioid therapy. Generally yearly screening is sufficient for patients at low risk for opioid abuse. The clinical notes document the patient has been having frequent urine drug screens, most recently in May 2014, which noted compliance to therapy. The notes did not document the patient as high risk for substance abuse or discuss why such frequent urine testing is indicated. The clinical documents did not provide justification for urine drug screening being performed more frequently than recommended by current guidelines. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.