MAXIMUS Federal Services

Case Number:	CM14-0099280		
Date Assigned:	07/28/2014	Date of Injury:	02/10/2010
Decision Date:	08/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/27/2014

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 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:

The patient is a 52-year-old male who has submitted a claim for erectile dysfunction, decreased libido, back pain, benign prostatic hyperplasia, obesity, and hypertension; associated with an industrial injury date of 02/10/2010. The medical records from 2013 to 2014 were reviewed and showed that patient complained of erectile dysfunction and decreased libido. The patient has adequate erections with Viagra and Cialis, however, he had a side effect of headaches. Physical examination findings were not included in the medical records submitted for review. Treatment to date has included Viagra and Cialis. In autilization review, dated 05/30/2014, denied the retrospective request for request for urine drug screen because there was no mention of what medications are being prescribed, and guidelines only support urine drug screening for opiates/narcotics when patient is being treated for chronic pain with chronic around the clock opiates, and written documentation explaining the medical necessity is required when testing other classes of drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screening (Retrospective Date of Service: 04/21/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.odg-twc.com/Criteria for use of urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: As stated on pages 43, 89, and 94 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug screening (UDS) is recommended to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to avoid opioid misuse/addiction. In this case, the patient complains of erectile dysfunction and decreased libido. However, the medical records submitted for review showed no documentation of current opioid treatment. Furthermore, there was no discussion of an intended therapeutic trial of opioid therapy. There is no indication for a urine drug screen in this case. Therefore, the request for URINE TOXICOLOGY SCREENING (RETROSPECTIVE DATE OF SERVICE: 04/21/14) is not medically necessary.