

Case Number:	CM13-0053889		
Date Assigned:	12/30/2013	Date of Injury:	08/25/2009
Decision Date:	04/01/2015	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/18/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 patient with a date of injury of 8/25/09. A utilization review determination dated 10/25/13 recommends non-certification of retro UDS collected 9/17/13 and reported 9/25/13. Prior UDS testing is dated 9/5/13, 7/3/13, and 6/3/13 and reportedly showed inconsistent results. 9/24/13 urine toxicology review report from the treating provider noted that the results of the testing will be used to determined consistent medication management for the patient's prescription drug therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective UDS (urine drug screen) DOS: 9/17/13 x1 (report date 9/25/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug screening; Opioids Page(s): 76, 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a RETRO URINE DRUG SCREEN COLLECTED 09/17/13 REPORT 09/25/13, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is documentation of frequent urine drug testing. It appears that some of the results have been inconsistent, but there is no documentation confirming the prescribed medications and how the treatment plan will be altered to address any inconsistent results. Additionally, the documentation does not clearly identify the risk stratification and provide a clear rationale for the proposed frequency of testing. In light of the above issues, the currently requested RETRO URINE DRUG SCREEN COLLECTED 09/17/13 REPORT 09/25/13 is not medically necessary.