

Case Number:	CM14-0005116		
Date Assigned:	01/24/2014	Date of Injury:	08/10/2012
Decision Date:	03/09/2015	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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. 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 employee is a 49 year old female with date of injury of 8/10/2012. A review of the medical records indicate that the patient is undergoing treatment for intervertebral disc disease of the cervical, thoracic, and lumbar spine. Subjective complaints include continued pain in the neck and upper and lower back with some radiation to the upper and lower extremities. Objective findings include limited range of motion of the cervical, thoracic, and lumbar spines with tenderness to palpation of the paravertebrals. Treatment has included Gabapentin, Norco, Motrin, and Prevacid. The utilization review dated 1/8/2014 non-certified a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PANEL URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URINE DRUG TESTING (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; urine drug testing Page(s): 74-96. Decision based on Non-MTUS Citation Chronic Pain; Urine Drug Testing

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control, Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion), would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening:- low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.-moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.-high risk of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. Last urine drug screen on 7/2/2013 (5 months prior to the one being requested). No results reported. As such, the current request for 12 panel urine drug screen is not medically necessary.