

Case Number:	CM14-0130494		
Date Assigned:	08/20/2014	Date of Injury:	01/29/2012
Decision Date:	01/27/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/15/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 30 year old female with the injury date of 01/29/12. Per physician's report 07/17/14, the patient has constant low back pain and right wrist pain. The lists of diagnoses are: 1) Right wrist sprain/ strain 2) Left wrist sprain/ strain 3) Right carpal tunnel, EMG normal 03/01/13 4) Left carpal tunnel, EMG normal, 03/01/13 5) Lumbar strain/ sprain 6) Lumbar multilevel disc bulges. Urine drug screens were performed on 05/20/14, 07/17/14, 08/26/14, 09/08/14 and 01/14/14. Per 02/13/14 progress report, the patient returns to modified work with restrictions, no lifting over 10lbs. There is paravertebral tenderness along the midline of the lumbar spine. There is no evidence of any radiculopathy. The utilization review letter 07/28/14 indicates that the patient has been on Tramadol, Naprosyn and Methoderm. The utilization review determination being challenged is dated 07/28/14. Treatment reports were provided from 02/13/14 to 09/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing

Decision rationale: The patient presents with pain in her right wrist and lower back. The request is for Urine Toxicology Screening. The utilization review letter 07/28/14 indicates that the patient has been utilizing Tramadol, Naprosyn and Menthoderm. The MTUS guidelines page 43 and page 77 recommends a toxicology exam as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening (UDS) should be obtained for various risks of opiate users, the ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends a once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in low risk patient. In this case, a review of the reports indicates that the patient had numerous urine toxicology tests on 05/20/14, 07/17/14, 08/26/14, 09/08/14 and 01/14/14. The physician does not explain why the patient requires such frequent UDS's, and why another one is needed. There is no opiate risk assessment provided to show that this patient is a high risk opiate user. The request is not medically necessary.