

Case Number:	CM14-0186481		
Date Assigned:	11/14/2014	Date of Injury:	06/13/2013
Decision Date:	01/05/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 and Rehabilitation, 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 58 year old male with an injury date on 06/13/2013. Based on the 09/30/2014 hand written progress report provided by the treating physician, the patient complains of pain at the cervical and lumbar spine, bilateral shoulder, knee and ankle pain. Exam shows tenderness to palpation at the lumbar spine and decreased range of motion. The 08/15/2014 report indicates pain in the left shoulder is an 8/10. Neck pain and left shoulder pain are constant; and low back and right shoulder pain is "on and off." The diagnoses are: 1. C/S and L/S sprain and strain; radiculitis 2. Left shoulder R/O RCT 3. Left knee S/P 4. Right knee early OSO 5. SP right shoulder RCT. There were no other significant findings noted on this report. The utilization review denied the request for Urine toxicology screen on 10/17/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 06/01/2014 to 09/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines UDS Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under urine drug testing

Decision rationale: According to the 09/30/2014 report, this patient presents with pain at the cervical and lumbar spine, bilateral shoulder, knee and ankle pain. Per this report, the current request is for Urine toxicology screen. The UR denial letter states "Until better documentation is provided, the UDS is not supported." Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records indicate the patient is currently on Tramadol (an opioid). Review of reports show UDS's was done on 08/05/2014 and 09/30/2014; however, the results were not discussed. There was no discussion from the treating physician regarding the patient adverse behavior with opiates use. The treater does not explain why another UDS is needed. There is no discussion regarding this patient' opiate use risk; therefore, recommendation is for denial.