

Case Number:	CM14-0186569		
Date Assigned:	11/14/2014	Date of Injury:	05/26/2006
Decision Date:	01/05/2015	UR Denial Date:	10/08/2014
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 California 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 40 year old male with an injury date of 05/26/06. The urine drug screen sample was collected on 08/26/14. As per progress report with the same date, the patient complains of pain in the low back that radiates to the right thigh, although the right thigh pain has reduced in the recent past. Physical examination of the lumbar spine reveals spinous process tenderness on L3, L4 and L5. Straight leg raise and Babinski's sign are positive on both sides. There is tenderness over the lumbosacral joint on resuming erect position. Physical examination of the left shoulder revealed palpation to tenderness in the acromioclavicular joint, coracoid process, glenohumeral joint, and trapezius spasm. Physical examination of the right knee reveals a positive McMurray's test. The patient has been prescribed Ultram (Tramadol) to manage pain. The first available prescription was dated 04/29/14. He received another prescription on 08/08/14. The diagnosis on 08/26/14 included pain in joint of shoulder; lumbar radiculopathy and patellar tendinitis. The treating physician is requesting for retrospective comprehensive drug screen DOS 09/03/14. The utilization review determination being challenged is dated 10/08/14. The rationale was lack of "there is no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications." Treatment reports were provided from 03/25/14 - 09/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Comprehensive Drug Screen DOS 09/03/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine Drug Screen

Decision rationale: The request is for retrospective comprehensive drug screen DOS 09/03/14. MTUS page 77, under opioid management, "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." Official Disability Guidelines has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "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. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, Ultram (an opioid) for pain relief was first mentioned in report dated 04/29/14. Another prescription was dated 07/22/14. The use of this medication would warrant urine drug screen. The treating physician does not indicate the risk status of the patient nor does he provide documentation related to previous urine drug screens. However, given the random nature of the UDS's and the Ultram prescription, one UDS does not appear excessive or outside of the guidelines. Therefore, this request is medically necessary.