MAXIMUS Federal Services

Case Number:	CM14-0186931		
Date Assigned:	11/17/2014	Date of Injury:	04/20/2010
Decision Date:	01/05/2015	UR Denial Date:	10/24/2014
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 Pain Management 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:

This patient is a 57-year-old female with a date of injury of April 20, 2010. According to progress reports from September 11, 2014, the patient presents with neck, low back, bilateral knee, bilateral shoulder and wrist pain. Patient's current medication regimen includes Gabapentin 600 mg, Omeprazole 20 mg, Skelaxin 800 mg and Vicodin 5 mg. Examination of the neck revealed spasm in the trapezius muscles bilaterally. Examination of the lumbar spine noted patient "will not flex. She has 0. She will not extend." The patient is unable to rotate to the left or right due to pain. The listed diagnoses are:1. Status post bilateral carpal tunnel release2. Severe bilateral shoulder impingement with severe pain3. Cervical pain with decreased range of motion4. Lumbar discogenic pain5. Bilateral knee pain with no evidence of internal derangementThe treating physician made recommendation for MRIs and psychotherapy sessions. Progress reports 10/10/2013 through 9/11/14 were reviewed. There was no mention of the requested "monthly UDS." Utilization review denied the request on 10/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Urine Drug Screen (UDS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Screen

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

Decision rationale: This patient presents with neck, low back, bilateral knee, bilateral shoulder and wrist pain. The current request is for monthly UDS. The Utilization review denied the request stating that there is no rationale for performing monthly testing other than for routine testing. While MTUS Guidelines do not specifically address how frequent Urine Drug Screens should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. ODG recommends 2 to 3 times a year urine screen for inappropriate or unexplained results in moderate risk patients. This patient has had three inconsistent results in the recent past. The treating physician does not discuss these inconsistent results. Without the treater's discussion regarding the UDS findings and chronic opiate risk assessment, on-going monthly UDS are not indicated. Two to three UDS per year should be sufficient to manage the patient's opiate use in most cases, per ODG guidelines. This patient has had monthly UDS since 11/27/13. The requested Monthly Urine Drug Screen (UDS) is not medically necessary.