

Case Number:	CM14-0192093		
Date Assigned:	11/26/2014	Date of Injury:	07/02/2013
Decision Date:	01/13/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational Medicine and is licensed to practice in Colorado. 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 is a 45 year old male with a work related injury dated 07/02/2013. The injury is noted as a burn to his right forearm area according to the Utilization Review report. According to a progress report dated 10/29/2014, the injured worker presented with complaints of phantom pain. Diagnoses included history of right forearm second degree burn, exacerbation of chronic left upper limb phantom/stump pain, and prior history of drug abuse, major depression, and post-traumatic stress syndrome. Treatments have consisted of a recent left stellate ganglion block dated 10/08/2014 for a diagnosis of left upper extremity phantom pain in which the injured worker had transient benefit for 24 to 48 hours. Diagnostic testing included urinary drug screen negative for benzodiazepines and opioids, which is consistent with his compliance with the analgesic regimen and detox from prior narcotics. The injured worker's work status is noted as temporary total disability. On 11/17/2014, Utilization Review denied the request for Urine Drug Screen, Qty: 4.00 citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated that noting a prior history of drug abuse, there is appropriate indication for random, periodic urine drug testing to assess for compliance. However, excessive and overly comprehensive testing is not supported as medically necessary. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 47, 76-77, 89, 94.

Decision rationale: The MTUS states that frequent drug screens are recommended as an option to assess for the use or the presence of illegal drugs. The steps to avoid misuse of opioids, particularly for those at high risk of abuse, include frequent random urine toxicology screens. There is no listed limitation in the frequency of urine drug screen testing. Therefore, the requests for urine drug screen tests (4 tests) are considered medically necessary and appropriate (given the injured worker's history of prior drug abuse).