

Case Number:	CM14-0193866		
Date Assigned:	12/01/2014	Date of Injury:	08/22/2011
Decision Date:	01/21/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/19/2014

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 Rehabilitation 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 50 year old male with date of injury 8/22/11. The treating physician report dated 7/24/14 (48) indicates that the patient presents with pain affecting the neck and left shoulder. The physical examination findings reveal tenderness over the upper cervical paraspinals and upper/middle traps with significant myofascial restrictions. Tenderness along the anterior aspect and AC joint is found in the left shoulder. Prior treatment history includes physical therapy, H-wave, and prescribed medications including Nucynta, Prilosec, Lyrica and Celebrex. The current diagnoses are Shoulder pain, Cervicalgia, pain of cervical facet joint, headache, myalgia and myositis, unspecified, lumbago, degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, unspecified and chronic pain syndrome. The utilization review report dated 11/12/14 denied the request for retro urine drug screen, high complexity with alcohol DOS: 07/24/14 QTY: 1.00 based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro urine drug screen, high complexity with alcohol DOS: 07/24/14 QTY: 1.00:

Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing

Decision rationale: The treating physician report dated 7/24/14 states a urine toxicology screening was done to see if the patient was taking his opiate medication appropriately, and not taking any illicit substances. The MTUS guidelines page 77 states under opioid management: "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." While 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 patient has been on Nucynta since at least 11/27/13 per UR report dated 11/12/14. The UR report notes that a previous UDS was done over a year ago. UDS's for proper opiates monitoring is recommended per MTUS and for low-risk, once yearly. In this case the physician is following MTUS guidelines associated with long-term opioid use and the current UDS does not appear excessive or outside of the guidelines. Therefore the request is medically necessary.