

Case Number:	CM14-0194050		
Date Assigned:	12/01/2014	Date of Injury:	11/03/2010
Decision Date:	01/14/2015	UR Denial Date:	11/13/2014
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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 59-year old female with a date of injury of 11-3-2000. The diagnoses include history of a left subacromial decompression and chronic left hand/wrist pain. She complains of 5/10 left shoulder and hand/wrist pain at a 5/10 level with medications. The exam reveals left shoulder tenderness with decreased range of motion and crepitus. There is spasm of the left trapezius. She has been treated recently with tramadol and hydrocodone. She has been considered at moderate or high risk for substance misuse based on a history of reactive depression, a previous poor response to opioids, and no return to work in several months. 2 urine drug screens are submitted for review dating back to 12-13-2013. These urine drug screens were inconsistent in that they did not show hydrocodone, tramadol, or their metabolites. At issue is a retrospective request for a urine drug screen from 9-12-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Comprehensive urine drug screen (UDS) for date of service of 9/12/2014:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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), Urine Drug Testing

Decision rationale: Frequency of urine drug screening is predicated upon risk of substance misuse. Those considered high risk have minimal objective findings are documented to explain pain. Symptom magnification can be noted. Hyperalgesia may be present. Underlying pathology can include diseases associated with substance abuse including HIV, hepatitis B and C, and pathology associated with alcoholism or drug abuse. Patients with suicidal risks or poorly controlled depression may be at higher risk for intentional overdose when prescribed opioids for chronic pain. Screening tests and/or variables included in these: Results of administered screening tests fall into a range considered high or there is evidence of elevated risks for substance abuse including personal and/or family history, comorbid psychiatric disease, and/or childhood trauma. Many authors only include individuals with active substance abuse in the high risk category and include individuals with treated/non-active disease in the moderate category. See Opioids, screening tests for risk of addiction & misuse. Indicators for addiction and misuse: These are present including evidence of adverse consequences, impaired control over medication use, craving and preoccupation, and adverse behavior. Those with moderate risk generally have objective and subjective signs and symptoms of an identifiable diagnostic problem but may have some but not all of the identifiers found under the high risk category. Some authors indicate that individuals with treated or non-active substance abuse issues or significant family history of this fall into this category. These patients may have psychiatric comorbidity. Low risk patients have pathology which is identifiable with objective and subjective symptoms to support a diagnosis. There is an absence of psychiatric comorbidity. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. 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. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. 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 instance, the treating provider contends that the injured worker is at high risk for substance misuse and therefore urine drug testing as frequently as monthly is justified. Based on the cited guidelines, it would appear that the injured worker is at most in a moderate risk category, given her history of depression. She does seem to respond quite well to the opioids prescribed. While there is reference to a review of urine drug screening nearly monthly, only 2 urine drug screen results over the last year are submitted for review. The urine drug screen from 9-12-2014 was therefore medically necessary.