MAXIMUS Federal Services

Case Number:	CM14-0197265		
Date Assigned:	12/05/2014	Date of Injury:	10/22/1992
Decision Date:	01/15/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 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 64 year-old patient sustained an injury on 10/22/1992 while employed by [redacted]. Request(s) under consideration include Retrospective request for quantitative UDS (chromatographic immunoassay). Diagnoses include Hand joint pain; chronic pain NEC; psychogenic pain NEC; long-term meds NEC; therapeutic drug monitor. Medications list Hydrocodone/BIT/APAP; Diclofenac cream and Buspar. The patient had recent UDS on 9/9/14 detecting Hydrocodone/Hydromorphone. Report of 9/9/14 from pain management provider noted the patient with chronic ongoing bilateral upper extremity pain without flare-up or change since last visit; pain rated at 5-6/10; the patient takes Norco, Buspar, and uses Diclofenac cream. Exam showed unchanged findings of swelling at wrist CMC joint and tenderness at base of wrists. The patient has deferred further injection and is not interested in hand therapy or surgery and would like to continue HEP with use of medication. The request(s) for Retrospective request for quantitative UDS (chromatographic immunoassay) was non-certified on 10/27/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Quantitative UDS: Upheld

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 Drug Testing Page(s): 43.

Decision rationale: California MTUS Guidelines is silent on the current request for immunoassay for drug screening. Official Disability Guidelines (ODG) states point-of-contact (POC) immunoassay test is recommended prior to initiating chronic opioid therapy or for high-risk individuals with addiction/aberrant behavior; however submitted reports have not demonstrated such criteria. Urine drug screening (UDS) is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been stable on Norco for this 1992 injury. The medical necessity for the quantitative testing is not supported or established outside guidelines criteria. The Retrospective request for quantitative UDS (chromatographic immunoassay) is not medically necessary and appropriate.