

Case Number:	CM14-0199897		
Date Assigned:	12/10/2014	Date of Injury:	01/24/2010
Decision Date:	01/28/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 Emergency Medicine 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 injured worker is a 56 year-old female, who sustained an injury on January 24, 2010. The mechanism of injury is not noted. Diagnostics have included: Drug screens dated February 6, August 18 and September 8, 2014 reported as consistent. Treatments have included: medications, hip injection. The current diagnoses are: cervicgia , right shoulder pain, chronic low back pain, right hip pain. The stated purpose of the request for 1 URINE DRUG SCREEN was not noted. The request for 1 URINE DRUG SCREEN was denied on November 13, 2014, citing a lack of documentation of medical necessity. Per the report dated October 27, 2014, the treating physician noted complaints of pain to the low back, neck and right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The requested 1 URINE DRUG SCREEN, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. ODG -TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Urine Drug Testing, notes that claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants 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 claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants 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. The injured worker has pain to the low back, neck and right arm. The treating physician has documented Drug screens dated February 6, August 18 and September 8, 2014 reported as consistent. The treating physician has documented the injured worker at intermediate risk level due to chronic depression, and the referenced guideline recommends up to 2 to 3 times per year drug testing for claimants at "moderate risk", thereby making four times per year frequency excessive. The criteria noted above not having been met, 1 URINE DRUG SCREEN is not medically necessary.