

Case Number:	CM14-0202498		
Date Assigned:	12/15/2014	Date of Injury:	03/11/2004
Decision Date:	02/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, has a subspecialty in Interventional Spine 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 of 03/11/2014. The listed diagnoses from 10/22/2014 are: 1. Hypertension 2. Obesity 3. New onset diabetes mellitus 4. Post laminotomy pain syndrome 5. Status post spinal cord stimulator implant complicated by IPG pocket discomfort seroma and infection 6. Major depression 7. Right shoulder impingement 8. Status post left knee arthroscopy 9. Acute Guillian-Barre syndrome 10. Right lateral femoral cutaneous nerve entrapment 11. Status post right lateral thigh moral cutaneous nerve release surgery 12. Obstructive sleep apnea

According to this report, the patient recently experienced a syncopal episode where he suddenly lost consciousness. He was shaking after the episode and has been lethargic since then. The examination shows restricted gait. The patient uses a cane for ambulation. Lumbar spine was moderately tender with restricted range of motion and referred back pain with minimal straight leg raise. The urine drug screen from 10/24/2014 show consistent results with prescribed medications. He remains detoxed from narcotics. Treatment reports from 06/25/2014 to 10/22/2014 were provided for review. The utilization review denied the request on 11/06/2014. Outpatient urine drug test; qualitative point of care 4 separate urine drug test screen (Opioid prescribed patient every 60 days, non-opioid every 90 days).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient urine drug test; qualitative point of care four (4) separate urine drug test screens (opioid prescribed patient every sixty (60) days, non-opioid every ninety (90) days):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing

Decision rationale: This patient recently had an episode of syncope. The provider is requesting outpatient urine drug test; qualitative point of care 4 separate urine drug test screen (opioid prescribed patient every 60 days, non-opioid every 90 days). The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, Official Disability Guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The urine drug screen (UDS) dated 10/24/2014 showed consistent results to prescribe medications. The provider does not discuss the patients "risk assessment," or the rationale behind requesting 4 separate UDS. It does not appear that the patient would be considered "high risk" given that his most recent UDS is consistent with prescribed medications. Given that the requested 4 urinary drug screens does not meet Official Disability Guidelines recommended 2 yearly UDS for "low-risk" opiate users, the request is not medically necessary.