

Case Number:	CM14-0208115		
Date Assigned:	12/22/2014	Date of Injury:	06/11/2007
Decision Date:	02/17/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/12/2014

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 Pain 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:

This is a patient with a date of injury of 6/11/07. A utilization review determination dated 11/11/14 recommends denial/modification of Active Medicated Specimen Collection Kit. 9/22/14 medical report identifies pain going down the leg. On exam, there is pain with lumbar ROM and decreased sensation right L4. Patient is taking Hydrocodone. Drug testing from 8/28/14 is said to be consistent with detected Cyclobenzaprine, Gabapentin, and Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for pharmacy purchase of Active Medicated Specimen Collection Kit (Act Med Kit) (DOS: 09/22/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter. Urine Drug Testing.

Decision rationale: Regarding the request for an Active Medicated Specimen Collection Kit, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as

an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is a prior inconsistency in the UDS, but there is no subsequent discussion regarding the inconsistency and current risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no clear rationale presented for the use of the Active Medicated Specimen Collection Kit rather than the standard point-of-contact UDS recommended by the guidelines. In light of the above issues, the currently requested Active Medicated Specimen Collection Kit is not medically necessary.