

Case Number:	CM14-0216916		
Date Assigned:	01/06/2015	Date of Injury:	09/30/2013
Decision Date:	03/05/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old male with an original industrial injury on September 30, 2013. The covered body regions include the neck and upper back. The mechanism of injury was a twisting injury. The diagnoses include cervical disc herniation, chronic neck pain, rotator cuff syndrome, and the patient has a history of right arthroscopic shoulder surgery in May 2014. The patient has been managed with medications including diclofenac, hydrocodone, gabapentin, cyclobenzaprine, and topical medications. The disputed request is for a urine toxicology test. A utilization review on December 8, 2014 had noncertified this request. The rationale for this denial was that the "medical records did not document the results of prior toxicology screening and did not document a physician concern over the claimant's use of current medication or possible use of illegal medication."

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screens Page(s): 76-80. Decision based on Non-MTUS Citation Chronic Pain Chapter, Urine Drug Testing

Decision rationale: Regarding the request for a urine toxicology test, 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 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 no documentation of prior opioid risk screening using a validated metrics such as the Opioid Risk Tool (ORT) or SOAPP. The ODG recommend the use of urine drug testing after a risk stratification has been performed and the MTUS specifically state that urine drug testing is an option in those at "high risk of abuse." Furthermore, in a progress note from November 20, 2014, the requesting provider specifies that urine toxicology screens are "conducted to assess the current levels of prescription medication usage." This is not supported by guidelines, and urine drug levels have not been correlated with dosage in scientific studies. Given all these factors, this request is not medically necessary.