

Case Number:	CM14-0047254		
Date Assigned:	07/02/2014	Date of Injury:	07/09/2007
Decision Date:	02/04/2015	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 36 year old female with a date of injury of July 9, 2007. Results of the injury include knees, neck, and pain radiating down both arms to the hand and fingers. Diagnosis include musculoligamentous sprain cervical, herniated disc cervical spine, musculoligamentous sprain lumbar spine, herniated disc lumbar spine, internal derangement bilateral knees, severe osteoarthritis, right knee, lateral epicondylitis, bilateral elbows, Cubital tunnel syndrome, bilateral elbows, De Quervain's tendinitis right wrist, carpal tunnel syndrome bilateral wrist, tendinitis right shoulder. Diagnostic studies are unavailable. Progress report dated February 10, 2014 pain in the mid back, with occasional sharp pain. Right shoulder was with limited range of motion and there was diminished sensation to the anterior thigh. Treatment plan was pain management, lumbar epidural injections, request were made for EMG/NCS of both lower extremities to rule out radiculopathy, methocarbamol, and physical therapy. Utilization review dated March 28, 2014 noncertified Toxicology-Urine Drug Screen for prescription drug management based on MTUS treatment guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology-Urine Drug Screen for prescription drug management: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, also see "Opioids" Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse. Page(s): 97.

Decision rationale: Decision for Toxicology-Urine Drug Screen for prescription drug management is medically necessary. Per Ca MTUS guideline on urine drug screen to assess for the use or the presence of illegal drugs as an option in patients on chronic opioids, and recommend screening for the risk of addiction prior to initiating opioid therapy. (1) However, these guidelines did not address the type of UDS to perform, or the frequency of testing. The ODG guidelines also recommends UDS testing using point of care immunoassay testing prior to initiating chronic opioid therapy, and if this test is appropriate, confirmatory laboratory testing is not required. Further urine drug testing frequency should be based on documented evidence of risk stratification including use of the testing instrument with patients' at low risk of addiction, aberrant behavior. There is no reason to perform confirmatory testing unless tests is an appropriate orders on expected results, and if required, a confirmatory testing should be for the question drugs only. If urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the question drug. (2) The patient is taking Tramadol and Methocarbamol two medications that are addictive and abused. Monitored compliance is required; therefore the requested service is medically necessary.