

Case Number:	CM15-0000362		
Date Assigned:	01/09/2015	Date of Injury:	02/20/2013
Decision Date:	03/10/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/02/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 44 year old female, who sustained an industrial injury on 02/20/2013. She has reported pain in the following areas: neck, right shoulder, right knee, lower back, left and right ankles and left and right feet. The diagnoses have included chronic pain. Treatment to date has included X-ray of: cervical and lumbar spine, right knee, right ankle, left foot and left tibia/fibula, and Nerve Conduction Velocity. Currently, the IW complains of constant left ankle and foot, neck and right shoulder pain, intermittent right knee, lower back, and right ankle pain. Treatment plan included Ibuprofen, Pantoprazole and new prescription of Gabapentin and transdermal compound. Urine sample collected and was sent to lab. On 12/10/2014 Utilization Review non-certified Urine Drug Screen, noting as not medically necessary. The MTUS guidelines were cited. On 01/02/2015, the injured worker submitted an application for IMR for review of Urine Drug Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation Indications for UDT: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or “at risk” addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. See Opioids, indicat

Decision rationale: The records report the diagnoses have included chronic pain. Treatment to date has included X-ray of: cervical and lumbar spine, right knee, right ankle, left foot and left tibia/fibula, and Nerve Conduction Velocity. Currently, the IW complains of constant left ankle and foot, neck and right shoulder pain, intermittent right knee, lower back, and right ankle pain. Treatment plan included Ibuprofen, Pantoprazole and new prescription of Gabapentin and transdermal compound. The medical records do not indicate opioid use or suspected use of illicit substance. MTUS guidelines support. ODG guidelines support UDS in cases of ongoing opioid use or prior to use of opioids as a screening tool. As such the medical records do not support a medical necessity for urine drug screen.