

Case Number:	CM15-0004602		
Date Assigned:	01/15/2015	Date of Injury:	02/27/2011
Decision Date:	03/16/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old male, who sustained an industrial injury on February 27, 2011. He has reported back strain, post-traumatic stress disorder and chemical burn to the eyes and amputation of the left leg. The diagnoses have included lumbar spondylosis, left leg below the knee amputation, left leg phantom limb pain, chronic pain syndrome and opioid dependence. Treatment to date has included left below the knee amputation following an industrial crush injury, physical therapy, TENS unit, and pain medication. Currently, the injured worker complains of residual low back pain located in the bilateral lower back, right greater than left and he described the pain as a constant dull ache and sharp shooting sensation. The pain does not radiate and there is no associated phantom limb pain in the left lower extremity. The symptoms improve with medication and with sitting. He rates the pain as a 5 on a 10-point scale with 40% functionality. Urine drug screen was completed in October, 2014 and in November, 2014. On December 11, 2014 Utilization Review non-certified a request for urine toxicology screen noting that the guidelines recommend testing frequency of one year and the injured worker had testing two months prior to this request. The Official Disability Guidelines were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Urine Toxicology Screen (DOS: 11/10/2014) qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43,76-77, 78 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management; drug testing Page(s): 77, 43. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: The patient presents with his lower back pain and ambulation of his left leg. The request is RETROSPECTIVE URINE TOXICOLOGY SCREEN, DOS 11/10/14. The patient has been utilizing Hydrocodone and Hydromorphone. Regarding work status, the treater simply states that he is unable to perform his old job. MTUS guidelines page 43 and page 77 recommend toxicology exam as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening UDS-- should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the review of the reports indicates that the patient had urine drug screenings on 04/02/14, 09/10/14 and 10/08/14 with normal findings. The current request appears to be for the one obtained on 11/10/14. All the previous UDS's were consistent with expected findings. The treater does not explain why such frequent UDS's are being obtained. There is no opiate risk profile on this patient. While periodic UDS's are recommended as part of opiate management, for low risk, once a year UDS is all that is recommended per ODG. The request IS NOT medically necessary.