

Case Number:	CM15-0004886		
Date Assigned:	01/21/2015	Date of Injury:	12/20/2006
Decision Date:	03/11/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/12/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on 12/20/2006. Documentation regarding initial injury was not submitted for this review. On March 22, 2013, the IW complained of bilateral shoulder and wrist pain, and on and off back pain improved with a back brace. The diagnosis listed was radial styloid tenosynovitis. There was no physical examination findings submitted to review. The plan of care was pending Magnetic Resonance Imaging (MRI) results. On 1/7/2015 Utilization Review non-certified a Urine Drug Screening (retrospective date of service: 12/3/14), noting the lack of documentation submitted for review. The MTUS Guidelines were cited. On 1/12/2015, the injured worker submitted an application for IMR for review of Urine Drug Screening (retrospective date of service: 12/3/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screening (Retrospective DOS 12/3/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The request is for a urine specimen toxicology screen. The California MTUS does recommend urine drug screens for patients on opioid therapy. The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens. The included progress notes do indicate the patient is on chronic opioid therapy in the form of Ultram. Periodic and random drug screening is recommended in patients who are on opioid therapy per the California MTUS. Therefore criteria for a urine drug screen have been met and the request is certified.