

Case Number:	CM15-0006535		
Date Assigned:	01/21/2015	Date of Injury:	06/02/2008
Decision Date:	03/11/2015	UR Denial Date:	12/19/2014
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old male sustained an industrial injury on 6/2/08, to the left temporal aspect of the head, left shoulder, and left elbow, mid and lower back. Treatment included medications, physical therapy, acupuncture and epidural steroid injections. Current diagnoses included cervical spine disc bulge, thoracic spine strain, lumbar spine disc rupture, right shoulder internal derangement and left shoulder surgery. In a PR-2 dated 6/26/14, the injured worker complained of left shoulder pain. The physician noted that a urinalysis was positive for opiates. The treatment plan included refilling Norco. A prior drug screen was performed 3/25/14. On 12/22/14, Utilization Review noncertified a retrospective request for Comprehensive urine drug screen DOS 6/26/14 citing CA MTUS drug testing and ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Comprehensive urine drug screen DOS 6/26/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80. Decision based on Non-MTUS Citation Pain

Decision rationale: MTUS Guidelines supports the use of uring drug testing, however the MTUS Guidelines are deficient in addressing what is considered to be a reasonable frequency of testing. ODG Guidelines address this issue in detail and recomend testing frequency based on risk analysis. This patient is documented to be at low risk with no history of misuse, aberrant drug related behaviors and a prior consistent drug testing. Under these circumstances, annual testing is considered to be an appropriate frequency by Guidelines. The repeat Urine Drug Screen is not consistent with Guidleines and is not medically necessary.