

Case Number:	CM15-0130379		
Date Assigned:	07/16/2015	Date of Injury:	07/16/2009
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/06/2015

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, Massachusetts
 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:

The injured worker is a 39 year old male, who sustained an industrial injury on July 16, 2009. He reported back pain. The injured worker was diagnosed as having thoracic strain and lumbar strain. Treatment to date has included diagnostic studies, physical therapy and medication. Currently, the injured worker's back pain was noted to be under decent control and was noted to be doing well on his medications. The treatment plan included medications, urine testing and a follow-up visit. On June 19, 2015, Utilization Review non-certified the request for urine testing to be performed on June 23, 2015 to monitor use of Hydrocodone and Tramadol medication, citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

UDS for Hydrocodone: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen: Drug Testing Page(s): 43.

Decision rationale: The IW is treated with long-term use of opioids and a urine drug screen has been requested for routine screening. According to MTUS, urine drug screening or testing is "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Discussion supporting routine UDS is further mentioned in "Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction". Considering that the IW is taking two different short-acting opioids including hydrocodone on a long term basis risk for dependence and/or abuse is increased, therefore routine screening is appropriate intermittently even if there are no clearly reported risks for abuse or dependence. Therefore the request is medically necessary.

UDS for Tramadol: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen: Drug Testing Page(s): 43.

Decision rationale: The IW is treated with long-term use of both tramadol and other opioids and a urine drug screen has been requested for routine screening. According to MTUS, urine drug screening or testing is "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Discussion supporting routine UDS is further mentioned in "Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction". Considering that the IW is taking two different short-acting opioids including tramadol on long term basis risk for dependence and/or abuse is increased, therefore routine screening is appropriate intermittently even if there are no clearly reported risks for abuse or dependence. Therefore the request is medically necessary.