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| Case Number: | CM15-0147151 | | |
| Date Assigned: | 08/10/2015 | Date of Injury: | 01/10/2012 |
| Decision Date: | 09/08/2015 | UR Denial Date: | 07/06/2015 |
| Priority: | Standard | Application Received: | 07/29/2015 |

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 62 year old male who sustained an industrial injury on 1-10-12 in a lifting incident where he felt sudden severe pain in the left and right groin areas with bulging and acute tenderness. He was diagnosed with bilateral hernias and had bilateral hernia repair laproscopically with mesh. He did well but then developed pain on the right side and then the left which was associated with the right sided pain. The pain radiates down the inside of his right thigh into the right testicle. Since his nerve block his pain in January his pain level has decreased to 3 out of 10. On physical exam of the left groin area was minimally tender on palpation; on right side groin area there was severe pain on palpation of the right testicle and right inner portion of the thigh with shooting pain; lumbar spine exam was normal. Medications were ibuprofen, omeprazole. Urine sample was sent to have documentation of medication compliance. Urine drug screen dated 5-5-15 was consistent with prescribed medications; urine drug screen dated 1-5-15 was inconsistent; urine drug screen dated 2-2-15 was inconsistent urine drug screen dated 3-4-15 was consistent with prescribed medications; urine drug screen dated 4-6-15 was consistent with prescribed medications; urine drug screen dated 6-3-15 was inconsistent with prescribed medications. Diagnoses include right ilioinguinal genitofemoral nerve entrapment from hernia repair; left ilioinguinal genitofemoral nerve entrapment minimal. Treatments to date include medication; right ilioinguinal-genitofemoral nerve block (1-7-15) with benefit. In the progress note 6-10-15 the treating provider requested a retrospective (no specific date of service identified) urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are bilateral hernias; and laparoscopic bilateral hernia repair. Date of injury is January 10, 2012. Request for authorization is June 10, 2015. According to a May 5, 2015 progress note, the injured worker's current medication includes ibuprofen. There are no opiates prescribed or any other controlled substances prescribed. There are multiple urine drug screen results in the medical record dated January 6, 2015; February 2, 2015; and March 4, 2015. All urine drug toxicology screens were negative. A urine toxicology review dated June 10, 2015 states the June 3, 2015 urine drug screen is inconsistent. However, there is no explanation as to how the urine drug screen is inconsistent. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. Moreover, the injured worker is not prescribed any controlled substances. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of aberrant drug-related behavior, drug misuse or abuse or prescribed medications other than ibuprofen, retrospective urine drug screen is not medically necessary.