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| Case Number: | CM15-0168347 | | |
| Date Assigned: | 09/09/2015 | Date of Injury: | 01/07/2000 |
| Decision Date: | 10/09/2015 | UR Denial Date: | 08/10/2015 |
| Priority: | Standard | Application Received: | 08/26/2015 |

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 66-year-old male, who sustained an industrial injury on 01-07-2000. The injured worker is currently temporarily totally disabled. Current diagnoses include snapping hip syndrome, status post lumbar spine fusion, status post ankle fusion, muscle atrophy of the lower extremities, status post iliotibial band release, and left rotator cuff tear. Treatment and diagnostics to date has included lumbar spine and ankle surgeries, spinal cord stimulator placement, physical therapy, left shoulder cortisone injection, use of medications, and urine drug screen dated 04-24-2015 was consistent with prescribed Hydrocodone and Alprazolam but did not detect Zolpidem. In a progress note dated 06-29-2015, the injured worker presented for a re-evaluation of his left shoulder. Objective findings included limited motion and strength to his left shoulder with positive Hawkins sign, impingement sign, drop-arm test, and external rotation test. The Utilization Review report dated 08-10-2015 non-certified the request for 1 urine analysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, under Urine Drug Testing.

Decision rationale: The patient was injured on 01/07/00 and presents with hip pain, lumbar spine pain, ankle pain, and shoulder pain. The request is for 1 URINE ANALYSIS. The RFA is dated 08/06/15 and the patient is on temporary total disability. The utilization review letter states that the patient "was tested in April 2015 and December of 2014 with no report abnormalities." While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain (Chronic), Urine Drug Testing has the following: Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results... Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The patient is diagnosed with snapping hip syndrome, status post lumbar spine fusion, status post ankle fusion, muscle atrophy of the lower extremities, status post iliotibial band release, and left rotator cuff tear. As of 05/22/15, the patient is taking Norco. The treater has not documented that the patient is at "high risk" for adverse outcomes, or has active substance abuse disorder. There is no indication of any risk for any aberrant behaviors either. Given that the patient had a recent urine drug screen and was compliant with his medications, the requested urine analysis IS NOT medically necessary.