

Case Number:	CM15-0184164		
Date Assigned:	09/24/2015	Date of Injury:	01/13/2012
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, California
 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:

This is a 39 year old male patient, who sustained an industrial injury on January 13, 2012. He sustained the injury while lifting a furnace in the attic. The diagnoses include long term use of medications necessary, lumbar disc displacement without myelopathy, neck sprain, thoracic sprain and strain, shoulder joint pain, and pelvis and thigh joint pain. Per the doctor's note dated 10/2/15, he had complaints of low back pain, left shoulder pain, hip and groin pain. Per the utilization review treatment appeal letter dated 9/14/2015, he had chronic low back pain, left hip pain and left shoulder pain. The physical examination revealed tenderness and decreased range of motion of the lumbar spine and decreased range of motion of the left shoulder. The patient does utilize hydrocodone/apap to manage his pain. Per the progress note dated February 13, 2015 he had complaints of continued pain to the left shoulder and "worsening" of numbness and tingling to the left leg. Per the note dated February 13, 2015 the medications list includes Flexeril, Nabumetone, Gabapentin, Viagra, Hydrocodone Bitartate with Acetaminophen, and Multivitamins. On February 13, 2015 the treating physician requested a urine drug screen performed on this date to be used during the next physician visit to assess if any medication adjustment is necessary, to assess if the patient is following his medication regimen, and to assess for misuse of his medication regimen. He has undergone left hip arthroplasty in 2/2012; left shoulder surgery on 8/26/2015, left hip injection, subacromial injection to the left shoulder and lumbar ESI. He has had multiple diagnostic studies including magnetic resonance imaging of the lumbar spine dated 7/16/2012, magnetic resonance imaging of the cervical spine dated 1/29/14, magnetic resonance imaging of the thoracic spine dated 1/29/14, bilateral lower

extremity electromyogram dated 6/7/2013, pelvic groin ultrasound, magnetic resonance imaging of the left shoulder dated 3/13/2013 and magnetic resonance imaging of the left hip dated 10/5/2012. He has had physical therapy visits and chiropractic care for this injury. He has had urine drug screen reports on February 13, 2015, which was positive for opiates, positive for Oxycodone, and positive for tricyclic anti-depressants; on 5/03/2015 and 9/4/15 which was positive for opiates; on 10/8/2014, which was positive for opiates. On September 10, 2015, the Utilization Review determined the request for retrospective drug screen for the date of service of February 13, 2015 to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Drug Screen (DOS: 2/13/15): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the note dated February 13, 2015 the medications list includes Flexeril, Nabumetone, Gabapentin, Viagra, Hydrocodone Bitartate with Acetaminophen, and Multivitamins. Hydrocodone is an opioid analgesic. It is medically necessary to perform a urine drug screen periodically to monitor the appropriate use of controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request of retrospective: drug screen (DOS: 2/13/15) was medically appropriate and necessary for this patient at that juncture.