

Case Number:	CM15-0186629		
Date Assigned:	09/28/2015	Date of Injury:	10/01/2012
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/22/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 37 year old female, who sustained an industrial injury on 10-01-2012. The injured worker is currently not working and temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for central disc protrusion at C6-7, facet joint arthropathy. Treatment and diagnostics to date has included neck surgery, cervical spine MRI, and medications. No previous urine drug screen noted in received medical records. Current medications include Vicodin, Lyrica, Lorazepam, Skelaxin, Maxalt, and Prilosec. After review of progress notes dated 07-14-2015 and 08-18-2015, the injured worker reported neck pain. Objective findings included limited cervical spine range of motion. The request for authorization dated 08-25-2015 requested follow up visit in four weeks, Vicodin, and in office random 12 panel urine drug screen. The Utilization Review with a decision date of 09-01-2015 denied the request for random 12 panel urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Random 12-Panel UDS (urine drug screen) DOS: 8/13/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://www.odg-twc/pain.htm#UrineDrugTesting>: Official Disability Guidelines (ODG) Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids once during January-June and another July-December." The patient has been on chronic opioid therapy. The medical documentation provided does not indicate this patient has had a urine drug screen in the past six months. Guidelines allow for drug screening twice yearly. As such, the request for Retrospective Random 12-Panel UDS (urine drug screen) DOS: 8/13/2015 is medically necessary.