

Case Number:	CM15-0207088		
Date Assigned:	10/23/2015	Date of Injury:	10/30/2000
Decision Date:	12/11/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/21/2015

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, North Carolina
 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 10-30-00. The injured worker was diagnosed as having cervical disc degeneration, pain in the shoulder, and tinnitus. Treatment to date has included cervical fusion, left shoulder repair x2, Toradol and B-12 injections, and medication including Zofran, Tramadol, Buprenorphine, Namenda, Testosterone, Mirtazapine, and Valium. On 9-29-15, the injured worker complained of pain in the neck, shoulders, arms, and hands rated as 6 of 10. The treating physician requested authorization for a urine drug screen. On 10-7-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic): Urine drug testing (UDT) 2015.

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

Decision rationale: CA MTUS fails to specify the frequency of drug testing. The ODG states the frequency should be based on documentary evidence of risk stratification including the use of a testing instrument. Patients at low risk should be tested within 6 months of initiation of opioids and yearly thereafter. Those at moderate risk should be tested 2-3 times/year, and those at high risk of abuse up to monthly. In this case, the patient is being weaned from Tramadol and Valium, so a urine drug screen is warranted. However a recent screen was performed on 9/2/2015. There is no evidence of aberrant behavior in the medical record so the patient appears to be low risk and does not require a urine drug screen one month later. The request is not medically necessary or appropriate.