

Case Number:	CM15-0207310		
Date Assigned:	10/26/2015	Date of Injury:	03/09/2009
Decision Date:	12/15/2015	UR Denial Date:	09/24/2015
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: Arizona, Texas

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 50 year old male, who sustained an industrial injury on March 9, 2009. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having complex regional pain syndrome right upper extremity and chronic pain syndrome. Treatment to date has included rest, acupuncture, physical therapy and medication. These prior treatments were noted to provide "suboptimal" pain relief. Prior stellate ganglion blocks provided "transient" pain relief. On September 15, 2015, the injured worker complained of pain in his right hand, right shoulder, right wrist and right arm. He reported radiation of pain to the right side of neck and back of his head. The pain was rated as an 8 on the pain scale without medications and a 5 on the pain scale with medications. He was noted to currently be taking gabapentin, ibuprofen and Tramadol. He stated currently receiving 50% pain relief with his current medications. He noted intolerable side effects from Butrans, Vicodin, Nucynta, Opana ER and Oxycodone in the past. The treatment plan included ibuprofen, Tramadol, surgical evaluation, gabapentin, urine drug screen and a follow-up visit. On September 24, 2015, utilization review denied a request for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case, the documentation doesn't support that the provider is concerned regarding drug misuse or abuse. The request for UDS is not medically necessary.