

Case Number:	CM15-0209464		
Date Assigned:	10/28/2015	Date of Injury:	12/04/1998
Decision Date:	12/08/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/23/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 injured worker is a 59 year old male, who sustained an industrial injury on 12-04-1998. The injured worker was diagnosed as having severe right shoulder internal derangement, major depression, compensatory left shoulder impingement, multilevel cervical spondylosis and lumbar spondylosis. On medical records dated 07-17-2015, the subjective complaints were noted as requiring medication for pain management of right upper extremity and shoulder pain. Objective findings were noted, as right shoulder remains frozen with right upper extremity hyperalgesia and swelling. Left shoulder was tender with positive impingement and mild restriction of range of motion. Treatments to date included medication. The injured worker underwent urine drug test on 07-17-2015. The injured worker was noted to be permanent and stationary. Current medications were listed as Nucynta ER, Gabapentin, and Tizanidine. The Utilization Review (UR) was dated 10-08-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for urine drug test: Qualitative point of care and quantitative lab confirmations was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test: Qualitative point of care and quantitative lab confirmations: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web) 2015, Pain, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dealing with misuse & addiction, Opioids, indicators for addiction, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/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 no 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 available medical record notes that this request is actually for one of a series of four screening tests done over the course of therapy. This is requested in support of the physician/patient agreement on opioid use. This sort of screening regimen is in concurrence with existing guidelines. As such, I am reversing the prior review and find the request for a urine drug test to be medically necessary.