

Case Number:	CM15-0032622		
Date Assigned:	02/26/2015	Date of Injury:	12/07/1992
Decision Date:	04/10/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72 year old female who sustained an industrial injury on 12/07/1992. Diagnoses include bursitis of the hip, hip joint replacement, myalgia and myositis. Treatment to date has included medications and heat therapy. She has not had any therapy is a while. A physician progress note dated 12/18/2014 documents the injured worker complains of ongoing left knee pain, right hip pain and fibromyalgia. On examination she has tenderness over the right greater trochanter. She has full range of motion of the back. She rates her pain as fibromyalgia pain as a 509 out of 10, and her hip pain is constant 7 out of 10. The injured worker has a history of gastric bypass surgery and can't tolerate non-steroidal anti-inflammatory medications. Treatment requested is for a urine drug screen. On 02/05/2015 Utilization Review non-certified the request for a urine drug screen and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient was injured on 12/07/1992 and presents with pain in her left knee, right hip, and fibromyalgia pain. The request is for a URINE DRUG SCREEN. The utilization review denial rationale is that "the provided records appear to indicate that the patient has had a UDS 3 months ago. The UDS from November 2014 appeared to be appropriate. There was no evidence of abuse of diversion that would warrant more frequent testing. There was no formal risk assessment test documented that would suggest high or intermediate risk. There was no rationale provided for pinning in a patient that appears to be at low risk for abuse and diversion". There is no RFA provided, and the patient is considered permanent and stationary. The patient has had two prior urine drug screens. The first urine drug screen from 09/15/2014 shows that the patient is consistent with her prescribed medications. She has no signs of drug abuse. However, the 11/06/2014 urine drug screen indicates that the patient is "consistent with potential aberrant behaviors". The patient was tested positive for methamphetamine which is not in her prescribed medications. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use on low-risk patients. The patient has had two prior urine drug screens on 09/15/2014 and 11/06/2014. The most recent urine drug screen indicates the patient is consistent with potential aberrant behaviors. As of 12/18/2014, the patient is taking Nasonex, albuterol sulfate, Symbicort, levocetirizine dihydrochloride, montelukast sodium, Synthroid, temazepam, potassium bicarb and chloride, tramadol HCl, Flector patch, diclofenac/bupivacaine, Lunesta, and Prilosec. In this case, the patient has not been consistent with her most urine drug screen. An additional urine drug screen to monitor the patient's medications appears reasonable. The requested urine drug screen IS medically necessary.