MAXIMUS Federal Services

Case Number:	CM15-0038789		
Date Assigned:	03/09/2015	Date of Injury:	03/02/2004
Decision Date:	04/17/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/02/2015

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, Hawaii
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 51-year-old male, who sustained an industrial injury on March 2, 2004. The initial complaints/symptoms following the industrial injury were not included in the documentation submitted for review. The injured worker was diagnosed as having cervical strain, thoracic spine bulges, lumbar spine disc bulge, right hip strain, left hip strain and right knee strain. Treatment to date has included pain medication of which there is no documentation for review as to the efficacy of the treatment. Currently, the injured worker complains of a pain level of 6 on a 10-point scale. He is alert and oriented x 3 and sitting comfortably. A urinalysis on 1/30/2015 was negative for opiates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualitative/Quantitative urine drug test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pain chapter under Urine drug screen.

Decision rationale: The patient presents with cervical strain, thoracic spine bulges, lumbar spine disc bulge, right hip strain, left hip strain, and right knee strain. The current request is for Qualitative/Quantitative urine drug test. The treating physician states, in a report dated 01/30/15, "We are requesting authorization for four urine drug screens over the course of treatment." (50B) MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Review of the reports shows patient is compliant and result of the CURES and UDS is consistent. There were no discussions regarding the patient's adverse behavior with opiates use. The treating physician does not explain why another UDS is needed. There is no discussion regarding this patient's opiate use risk. Furthermore, ODG guidelines state, "Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamic issues including variability in volumes of distribution (muscle density) and interindividual and intraindividual variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity." In this case, the request is for 4 UDS's with quantitative lab. Without opiate use risk assessment, once yearly on random basis is all that is recommended per ODG. ODG also does not support quantitative lab on all urine toxicology. The current request is not medically necessary and the recommendation is for denial.