

Case Number:	CM15-0043853		
Date Assigned:	03/13/2015	Date of Injury:	02/21/2002
Decision Date:	12/09/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/09/2015

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: Emergency 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 72 year old male who sustained an industrial injury on 02-21-2002. According to a progress report dated 02-09-2015, the injured worker reported pain to the low back and lower extremities. Pain traveled across the low back to the buttocks, posterior thighs, calves, down to the dorsum of the feet. The injured worker had a history of L4-L5 laminectomy complicated by postoperative dural leak and urinary incontinence. He was status post bilateral rotator cuff repair with continued ongoing symptoms. He had a history of obstructive sleep apnea and had a CPAP machine. He had completed 12 visits of physical therapy in 2013 with benefit. Current medications included Percocet and Senokot. Pain was rated 2 on a scale of 1-10 with use of medication and 8 without medication. The provider noted that the injured worker showed no evidence of drug seeking behavior. He utilized his medication only as prescribed. He had a signed opioid agreement and showed evidence of compliance with prescribed medications on his urine drug screen, according to the provider. He completed an opioid risk assessment profile and was found to be at moderate risk for opioid abuse. Previous failed medication trials included Gabapentin and Effexor. Diagnoses included status post L4-L5 laminectomy with postoperative dural leak and urinary incontinence, status post left rotator cuff repair with residual frozen shoulder, status post right rotator cuff repair, obstructive sleep apnea-REM sleep predominant severe and urinary complaints due to urinary retention secondary to BPH. The treatment plan included Senokot, Percocet, and random urine drug screening. A urine toxicology report dated 02-17-2015 was submitted for review. Test results were noted as expected based on prescribed medications. On 02-21-2015, Utilization Review modified the request for random urine toxicology 4 times per year and authorized the request for Percocet and Senokot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random Urine Toxicology 4 x per year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: MTUS Chronic pain guidelines recommend urine drug screening as an option to monitor patient for compliance and aberrant behavior. Patient is noted to be on percocets. While monitoring is recommended, the number of requested tests is not appropriate. It is unclear why provider requires testing so often in a low risk patient. This request is also not appropriate, as it is an open-ended request for an unlimited number of tests with no total number or end date. Such a request cannot be deemed medically necessary since patient's opioid therapy may be changed over time. Therefore, the request is not medically necessary.