MAXIMUS Federal Services

Case Number:	CM15-0235602		
Date Assigned:	12/11/2015	Date of Injury:	10/14/1992
Decision Date:	01/13/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/02/2015

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: New York
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:

This is a 55-year-old male with a date of industrial injury 10-14-1992. The medical records indicated the injured worker (IW) was treated for cervical degenerative disc disease with intractable neck pain; myofascial pain syndrome; and short acting opioid treatment. In the progress notes (11-2-15), the IW reported he was "doing okay, about the same". He rated his pain level 2 out of 10 with intervals no lower than 2 out of 10 and sometimes higher than 5 out of 10. No aberrant behavior was noted and the provider documented the "urine drug test and CURES report are consistent with current therapy and patient history". Analgesia was reported "stable and satisfactory". He denied adverse drug effects. He was able to sit and stand for 20 minutes and walking was rated "okay". He was able to sleep through the night without pain and continued to perform all his basic activities of daily living. He drove himself to the appointment. On examination (11-2-15 notes), he was neatly groomed, clear, cogent, unimpaired by medications and kept good eye contact. His affect was normal, polite and appropriate. Treatments included medication. The IW was working full time. A Request for Authorization dated 10-26-15 showed drug screens were done on 3-16-15, 5-14-15, 6-10-15, 7-27-15 and 9-21-15. The treatment plan included continuing Norco 10-325mg, not to exceed 5 tablets daily. A Request for Authorization was received for a urine drug screen for date of service 11-2-15. The Utilization Review on 11-18-15 non-certified the request for a urine drug screen for date of service 11-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen (DOS: 11/2/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Test.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, previous urine drug screen results have been consistent with prescribed medical therapy. There is no documentation of the number of urine drug tests performed recently. There is no specific indication for the requested urine drug test. Medical necessity for the requested test is not established. The requested test is not medically necessary.