

Case Number:	CM15-0239388		
Date Assigned:	12/16/2015	Date of Injury:	01/10/2013
Decision Date:	01/25/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	12/08/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 33-year-old female who sustained an industrial injury on 1-10-2013, and has been treated for sprain or strain of the thoracic region, hip or thigh, and lumbar spine and depression. At a visit dated 10-27-2015, the injured worker presented with continued upper back right-sided pain, increased with mopping and sweeping. Significant objective findings included right greater than left bilateral shoulder pain on abduction from 90-120 degrees, and tenderness over the buttock, low back, and right-sided sacroiliac joint. She was being treated with Gabapentin, Soma, Nabumetone, Flexeril, and Norco. A CURES report 10-20-2015 was referenced to be "consistent," and a "preliminary urine drug test" was stated to have been "consistent" for opioids "10-15." She was rated on her current opioid misuse measurement as +7 stated as "low risk." A previous urine drug screen dated 6-11-2015 is provided in the medical records with no abnormal findings documented. A request for authorization was submitted for urine drug screening which was denied on 11-9-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug Screen #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Substance abuse (tolerance, dependence, 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 the use of urine drug screening for illegal drugs should be considered before a therapeutic trial of opioids is 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 the need for urine drug screening." There is insufficient 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 treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for Urine drug Screen #1 is not medically necessary.