

Case Number:	CM14-0139917		
Date Assigned:	09/08/2014	Date of Injury:	08/11/2003
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 insured is a 54 year old woman with reported date of industrial injury of 8/11/2003. She has symptoms of chronic pain, sleep difficulties, depression and hip pain. On 3/19/2014, she reported to her primary treating physician that she was not dispensed Opana but the CURE report clearly showed that she was dispensed both. She has a high SOAPP score, indicating risk for aberrancy. She had lack of oxycodone and its metabolites on the urine drug screens done in the office, as documented by the provider on 7/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DATE OF SERVICE (DOS): 07/18/14 FOR URINE DRUG SCREEN: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing.

Decision rationale: The patient has displayed signs of aberrancy. Her urine drug screens in the office are repeatedly negative. She lied to her physician about not being dispensed Opana on one occasion while the CURE report showed that she did have this dispensed by the pharmacy. These

factors, all taken together, strongly suggest misuse and aberrancy. Therefore, the confirmatory testing requested on 7/14/2014 and reported on 7/18/2014 was consistent with guidelines. See the cited pages in ODG above. The CA MTUS guidelines do not comment on confirmatory testing for aberrations on urine drug screens done in the office. However, the ODG states clearly that if the results of urine drug screens in the office are inconsistent with prescriptions, that the provider pursues confirmatory testing. Therefore, the care provided by the provider was appropriate and guideline compliant. Therefore the request is medically necessary.