

Case Number:	CM14-0141378		
Date Assigned:	09/10/2014	Date of Injury:	06/05/2009
Decision Date:	10/27/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 47 years old male with an injury date on 06/05/2009. Based on the 06/07/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical spine pain 2. Lumbar spine pain 3. Impingement syndrome, right shoulder 4. S/P sx left shoulder According to this report, the patient complains of back, neck, bilateral shoulder, bilateral leg, bilateral knee and bilateral ankles pain. The 02/19/2014 QME report decreased cervical, shoulders ranges of motion. Impingement sign and supraspinatus sign are positive on the right shoulder. FABERE sign is positive on the left for the low back. Patient's current medications were provided in the report. There were no other significant findings noted on this report. The utilization review denied the request on 07/31/2014. [REDACTED] is the requesting provider, and he provided treatment report date from 02/19/2014 to 06/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology for urine drug screen for the lumbar spine/monthly basis while medications are prescribed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): pain chapter under UDT.

Decision rationale: According to the 06/07/2014 report by [REDACTED] this patient presents with back, neck, right shoulder, right leg, right knee and bilateral ankles pain. The provider is requesting Urine toxicology for urine drug screen for the lumbar spine/monthly basis while medications are prescribed. While 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 show recent UDS's were done on 03/17/2014, 04/21//2014, and 05/06/2014; positive for hydrocodone and hydromorphone, and morphine. However, the provider does not explain why these are obtained on a monthly basis. There is no discussion regarding high risk assessment to warrant such a frequent testing. This request is not medically necessary.