

Case Number:	CM14-0092732		
Date Assigned:	07/25/2014	Date of Injury:	10/31/2012
Decision Date:	09/22/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 Occupational 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 patient is a 56-year-old male who has submitted a claim for chronic pain disorder associated with an industrial injury date of October 31, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of constant neck pain, low back pain, right chest and fractured rib pain, trauma-related symptoms and PTSD symptoms. The pain was rated at 4-6 out of 10. Stress level was rated at 3-6 out of 10. Physical examination results were documented and submitted in the medical records. Treatment to date has included medications, acupuncture, chiropractic therapy, cognitive behavioral therapy and relaxation techniques. Utilization review, dated June 12, 2014, denied the request for urine drug screen because there was no documentation of any interventional actions taken or documentation of a current medical narrative report with current provider concerns regarding patient's use of illicit drugs or non-compliance with prescription medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids Page(s): 43, 78. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chronic Use of Opioids.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, addiction, or poor pain control in patients under ongoing opioid treatment. Additionally, MTUS ACOEM Guidelines state urine drug screening is prescribed in all patients on chronic opioids for chronic pain. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse). In this case, rationale for the request was not provided. Moreover, submitted medical records did not document any use of opioids or non-compliance from prescribed medications. Furthermore, there was no discussion regarding physician concerns over addiction or aberrant drug intake to warrant additional urine drug screening. Therefore, the request for urine drug screen is not medically necessary.