

Case Number:	CM14-0094145		
Date Assigned:	08/04/2014	Date of Injury:	11/29/1994
Decision Date:	09/19/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/20/2014

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:

According to the records made available for review, this is a 60-year-old male with a 11/29/94 date of injury, and status post right hand surgery, status post bilateral shoulder surgery, and status post lumbar spine surgery. At the time (6/2/14) of request for authorization for RETRO Urine Drug Screen, Qualitative; Multiple Drug Classes, Chromatographic and Confirmation (DOS 3/27/14), there is documentation of subjective (improvement in function) and objective (decreased cervical spine range of motion, decreased lumbosacral range of motion, and positive Tinel's and Phalen's in the wrist and hand) findings, current diagnoses (flare-up neck pain, cervical disc injury, lumbosacral disc injury, cervical sprain/strain injury, and myofascial pain syndrome), and treatment to date (functional restoration program, exercises, and medications (including ongoing use of Norco and Lyrica)). 7/28/14 medical report identifies that the patient does utilize Norco and is being screened on a regular 3 to 4 months interval. There is no documentation that the patient is at moderate risk of addiction & misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Urine Drug Screen, Qualitative; Multiple Drug Classes, Chromatographic and Confirmation (DOS 3/27/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of flare-up neck pain, cervical disc injury, lumbosacral disc injury, cervical sprain/strain injury, and myofascial pain syndrome. In addition, there is documentation of on-going opioid treatment. However, given documentation that the patient is being screened on a regular 3 to 4 months interval, there is no documentation that the patient is at moderate risk of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for RETRO Urine Drug Screen, Qualitative; Multiple Drug Classes, Chromatographic and Confirmation (DOS 3/27/14) is not medically necessary.