

Case Number:	CM14-0121832		
Date Assigned:	09/16/2014	Date of Injury:	06/22/2009
Decision Date:	01/15/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	08/01/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 injured worker is a 47 year-old female, who was injured on June 22, 2009, while performing regular work duties. The mechanism of injury is not provided within the records. The injured worker is being seen for lumbar spine and left knee care. The injured worker is using Ibuprofen. No other medications are noted in the records. An evaluation on June 9, 2014, indicates the have been no significant changes in symptomology since October 27, 2011, and recommends a urine analysis to assure "no consequence from the long term use of non-steroidal anti-inflammatory medications". The records do not indicate the injured worker is currently taking opioids. The request for authorization is for POC urine drug screen, urine analysis. The primary diagnosis is lumbago. On July 1, 2014, Utilization Review non-certified the request for POC urine drug screen, urine analysis, based on <http://www.ncbi.nlm.nih.gov/pubmed/15791892> regarding urine analysis, and MTUS, Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

POC Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline, Opioids Page(s): 77-80,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screening

Decision rationale: CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, there is no opioid prescribed nor is there any documentation of any plan to prescribe opioid medication. A urine drug screen is not indicated.

Urine Analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.gov/pubmed/15791892

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1. Lexicomp 2105 Ibuprofen: Drug Information 2. National Guideline Clearinghouse, Diagnosis and Management of Lower Urinary Tract Infection

Decision rationale: CA MTUS and ODG are silent on indications for urinalysis. A search of National Guideline Clearinghouse indicates that urinalysis is indicated for the diagnosis and management of lower urinary tract infections. The medical record in this case contains no documentation of any symptoms associated with lower urinary tract infection. The cited reason is to monitor for long term consequence of use of ibuprofen which "comes with a black box warning from the Food and Drug Administration." According to Lexicomp, the boxed warnings are for gastrointestinal and cardiovascular events. Neither of these complications would be assessed by urinalysis. Therefore, urinalysis is not medically indicated.