

Case Number:	CM14-0210666		
Date Assigned:	12/23/2014	Date of Injury:	04/01/2010
Decision Date:	02/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 69 year old employee with date of injury of 4/1/10. Medical records indicate the patient is undergoing treatment for stroke, hypertension, hyperlipidemia, depression, GERD and diabetes. He is s/p carotid endarterectomy (8/24/12) Subjective complaints include depression, itchy face and inability to care for self. He complains of weight loss, poor balance, headaches, disturbance in coordination, memory loss, fainting, falling down, excessive daytime sleeping, visual disturbances and difficulty communicating. He was wheelchair bound. Objective findings include new excoriation on bilateral cheeks; dense paralysis left sided with contractures particularly in the left upper extremity; increased tone and flexion in left lower extremity; positive Babinski and clonus, left foot; severe contractures with fingernails growing into palms; severe contracture in left upper extremity; cellulitis in the face. Treatment has consisted of rest, home exercise, single point cane, wheelchair, Metoprolol tartrate; Nortriptyline and Physiotherapy. The utilization review determination was rendered on 11/18/14 recommending non-certification of a Urine Toxicology Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Screening

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening:- "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.-"moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.-"high risk" of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. As such, the current request for Urine Toxicology Screen is not medically necessary.