

Case Number:	CM14-0213548		
Date Assigned:	12/31/2014	Date of Injury:	06/18/2002
Decision Date:	02/25/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 49-year-old male with date of injury of 06/18/2002. The listed diagnoses based on the UR letter dated 12/15/2014 are: 1. Enthesopathy of the hip region. 2. Myalgia and myositis. 3. Chronic pain syndrome. 4. Muscle spasm. 5. Pain disorders related to psychological factors. 6. Long term concurrent use of other medications. 7. Pain in joint. 8. Lumbago. According to the 10/09/2014 report, the patient is doing "pretty" well. He is still recovering from hernia surgery. Examination shows the patient is in no acute distress. Neck is supple, no masses, no thyromegaly noted. Back has a normal curvature with some diffuse tenderness. The provider notes that adverse side effects were addressed and tolerated and no evidence of aberrant drug behavior was reported. The patient continues to benefit from opiate therapy. And the documents show that the patient is being prescribed Nucynta. The urine drug screen from 10/09/2014 does not show any positive results. The treatment reports from 10/09/2014 to 12/05/2014 report were made available for review. The utilization review denied the request on 12/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management.

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, Urine Drug Testing

Decision rationale: The patient presents with back pain. The provider is requesting DRUG SCREENING. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The records show a urine drug screen from 10/06/2014. It appears that the provider is requesting a decision for this UDS. It was noted on the 12/08/2014 that the patient was being prescribed Nucynta. In this case, while the provider does not discuss the patient's "risk assessment" the ODG recommends once yearly urine drug screen following initial screening within the first six months for low risk opiate users. The request is supported by the guidelines; therefore the request is medically necessary.