

Case Number:	CM14-0216129		
Date Assigned:	01/06/2015	Date of Injury:	06/22/2012
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/24/2014

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 & Rehabilitation

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 is a 33 year old female who suffered an industrial related injury on 6/22/12. A physician's report dated 6/27/14 noted the injured worker had persistent pain in the neck, back, shoulders, hands, knees, and ankles. Diagnoses included closed head trauma, acute cervicothoracic strain, acute lumbar strain, and bilateral wrist strain. Bilateral shoulder, knee, and ankle sprain/strain was also noted. The physician requested a urine toxicology screen to assess the current levels of prescription medication usage. A physician's report dated 11/5/14 noted the injured worker was taking Motrin for pain. The injured worker was not working. Physical examination findings included decreased cervical spine range of motion with positive cervical compression bilaterally. The lumbar spine revealed range of motion with a positive straight leg raise test on the left at 60 degrees with radiation to posterior thigh and on the right at 70 degrees with radiation to the calf. Romberg's test was negative. The physician again recommended a urine toxicology screen as part of a pain treatment agreement during opioid therapy. On 11/25/14 the utilization review (UR) physician denied the request for 1 urine toxicology screening. The UR physician noted the injured worker was not a candidate for a urine toxicology screen. As described in the medical reports the injured worker takes non-steroidal anti-inflammatory drugs for pain relief. The medical reports showed no documentation of reported use of opioid medication. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screening: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management drug testing Page(s): 77,43. Decision based on Non-MTUS Citation Pain chapter for Urine Drug Testing

Decision rationale: The patient presents with pain and weakness in her neck, left shoulder, lower back and left leg. The request is for URINE TOXICOLOGY SCREENING. The utilization review letter 11/26/14 denied this request, stating looking back 4 months into the patient's record found no reported use of opioid medication. However, the 10/07/14 progress report indicates that the patient continues Tramadol. MTUS guidelines page 43 and page 77 recommend toxicology exam as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening (UDS) should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, none of the reports indicate that the patient has had urine drug screenings in the past. The treater requested urine toxicology screen as part of a pain treatment agreement during opioid therapy. The potential for substance abuse presents a therapeutic selection dilemma in managing the patient. This test will be utilized as a reference for future medication management protocols. The patient has been on Tramadol. The request IS medically necessary.