

Case Number:	CM15-0011428		
Date Assigned:	01/29/2015	Date of Injury:	12/08/2009
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/21/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 53 year old male who sustained an industrial related injury on 11/6/12. The injured worker had complaints of neck pain, left foot pain, left knee pain, and right hip pain. Treatment included cervical epidural steroid injection on 7/15/12. Medications included Ultram, Tramadol, Norco and Neurontin. Diagnoses included status post C5-6 anterior cervical discectomy and fusion in April 2010, status post L3-5 posterior lift on 12/15/10, cervical radiculopathy, and lumbar radiculopathy. The treating physician requested authorization for a urinary drug screen. On 12/31/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the medical records did not reveal the injured worker had issues of abuse, addiction, poor pain control, or medication misuse. A urine drug screen test done on 12/16/14 was found to be consistent. 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:

Urinary Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, urine drug testing

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case there is no documentation of addiction/aberrant behavior. Urine drug testing is indicated annually. Urine drug testing was performed 12/16/14 and is not indicated until December 2015. The request should not be authorized.