

Case Number:	CM15-0012150		
Date Assigned:	01/29/2015	Date of Injury:	07/15/2010
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 49 year old male, who sustained an industrial injury on 07/15/2010. He has reported subsequent bilateral shoulder, back, neck and knee pain and was diagnosed with lumbar facet syndrome, cervicobrachial syndrome, shoulder tenosynovitis, right shoulder impingement syndrome with acromioclavicular joint pain and rotator cuff tear and thoracalgia. The injured worker was also diagnosed with post traumatic gastritis from medication. Treatment to date has included oral pain medication. In a progress note dated 10/15/2014, the injured worker noted improvement in swallowing, internal hemorrhoids, blood in stool and acid reflux with continued gastritis and duodenitis. The physical examination was essentially unrevealing. A request for authorization for a urine drug screen was made without any documentation as to why the request was being made. On 12/16/2014, Utilization Review non-certified a request for a urine drug screen, noting that the documentation didn't establish signs of drug dependency or concerns for misuse or abuse and did not establish any previous positive urine drug screens that would raise a red flag to support the current urine drug screen. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case the documentation doesn't support that the patient is taking any opioid medications or that the provider is suspicious of any abuse or misuse of medications.