

Case Number:	CM15-0016206		
Date Assigned:	02/04/2015	Date of Injury:	01/18/2013
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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: 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:

The injured worker is a 58 year old male, who sustained an industrial injury on 1/18/2013. He reports right arm and right side of the back pain. Diagnoses include shoulder arthropathy, rotator cuff syndrome, neck sprain, median nerve lesion, carpal tunnel syndrome, wrist sprain, lumbar sprain, lumbosacral degenerative disc disease and lumbosacral neuritis. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 12/17/2014 indicates the injured worker reported low back pain. On 1/20/2015, Utilization Review non-certified the request for a retrospective urine drug screen (10/22/2014), citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro review for urine drug screen for DOS: 10/22/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing

Decision rationale: The patient was injured on 01/08/13 and presents with low back pain. The retrospective request is for a URINE DRUG SCREEN DOS: 10/22/14. The utilization review determination rationale is that there is no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screen over the past 12 months, nor what those results were and any potential related actions taken. There is no RFA provided and the patient is permanent and stationary. There are no prior urine drugs screens provided. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. Both the 08/22/14 and 12/17/14 reports state that the patient is taking Norco, Anaprox, and Norflex. There are no prior urine drug screens provided for review, nor has the treater documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. However, the patient is currently on Norco; monitoring of the opiate with once yearly UDS is recommended per guidelines. Therefore, the requested urine drug screen IS medically necessary.