

Case Number:	CM15-0018134		
Date Assigned:	02/06/2015	Date of Injury:	07/26/2003
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/30/2015

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: 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:

Injured worker is a 48 year old male, who sustained an industrial injury on July 26, 2003. The diagnoses have included end-stage chronic pain syndrome, cervical spondylosis, bilateral shoulder adhesive capsulitis, severe lumbar radiculitis, bilateral knee patellofemoral arthralgia and narcotic dependence. Treatment to date has included TENS unit, medications, physical therapy, trigger point injections and intensive cognitive therapy. Currently, the injured worker struggles with coping with emotional stress from his back and neck pain. He reports difficulty with memory and concentration and ambulates with assistance of a cane. He reported fecal and urinary incontinence and has major depression. On December 31, 2014 Utilization Review modified a request for urine drug test qualitative point of care test, quantitative laboratory evaluations confirmation x 4, noting that clinical indications for quantitative confirmatory testing for the injured worker were not noted. The California Medical Treatment Utilization Schedule was cited. On January 30, 2015, the injured worker submitted an application for IMR for review of urine drug test qualitative point of care test, quantitative laboratory evaluations confirmation x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test qualitative point of care test, quantitative lab confirmation x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. Medical records document that the patient has been prescribed Butrans and Ultram, which are opioids. Urine drug test, times four was requested. Because the future condition of the patient and medication regimen are unknowns, a request for four future urine drug tests is not supported. Therefore, the request for urine drug test x4 is not medically necessary.