

Case Number:	CM15-0118319		
Date Assigned:	06/26/2015	Date of Injury:	06/19/2006
Decision Date:	07/28/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/18/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 65 year old male who sustained an industrial injury on 06/19/06. Initial complaints and diagnoses are not available. Treatments to date include medications, bilateral cubital tunnel release, bilateral lateral epicondyle release, home exercise, TENS unit trial, a cervical facet nerve block, and a radiofrequency cervical facet rhizotomy. Diagnostic studies include MRIs and electrodiagnostic studies. Current complaints include low back pain, neck and bilateral arm/wrist pain. Current diagnoses include posttraumatic head syndrome, bilateral lateral epicondylitis, bilateral cubital tunnel syndrome, cervical discogenic pain, bilateral carpal tunnel syndrome, and possible lumbar discogenic pain/lumbar facet pain/lumbar sprain/strain. In a progress note dated 05/14/15 the treating provider reports the plan of care as continued conservative care, bilateral carpal tunnel steroid injections, and splints off night time use. The requested treatments include a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen for compliance every 3-4 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen for compliance every 3-4 months Page(s): 43; 78; 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing and Opioids, steps to avoid misuse/addiction Page(s): 43 and 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT).

Decision rationale: Urine drug screen for compliance every 3-4 months is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends random urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation does not indicate why urine drug screens need to be performed every 3-4 months rather than at random intervals recommended by the MTUS. Furthermore, there is no evidence that the patient has had aberrant behavior and the guidelines do not support such frequent urine drug screens in the absence of aberrant behavior. The request for urine drug screen for compliance every 3-4 months is not medically necessary.