

Case Number:	CM15-0033626		
Date Assigned:	02/27/2015	Date of Injury:	09/09/2010
Decision Date:	04/13/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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 70-year-old female, who sustained an industrial injury on 9/9/10. She has reported low back and left shoulder injury. The diagnoses have included sacroiliitis, pain in shoulder joint, lumbar radiculitis and avascular necrosis. Treatment to date has included physical therapy, epidural steroid injections and medications. Currently, the injured worker complains of back and left shoulder pain, worse with sitting. Progress note dated 1/19/15; the injured worker stated she had better pain relief with Tylenol with Codeine. Lumbar range of motion is noted to be limited and muscle testing is limited due to low back pain. On 2/5/15 Utilization Review submitted a modified certification for baseline (UDS) urine drug screen with routine UDS every 3 months modified to 2 UDS per year, noting the injured worker is no longer on Norco and has been compliant so far. The MTUS, ACOEM Guidelines and ODG were cited. On 2/5/15, the injured worker submitted an application for IMR for review of baseline (UDS) urine drug screen with routine UDS every 3 months modified to 2 UDS per year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline urine drug screen and/or random, routine urine drug screen every 3 months and/or every 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient is status post Lumbar surgery on 10/9/14. This patient presents with chronic shoulder and low back pain. The current request is for baseline urine drug screen and/or random, routine urine drug screen every 3 months and/or every 90 days. The MTUS Guidelines page 76 under opiate management: J. "consider the use of urine drug test is for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risk opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening for the first 6 months of management of chronic opiate use in low-risk patients. The patient's current medication regimen includes dyrenium, Trazodone, Zoloft and Tylenol with codeine. There is no discussion as to why such frequent screenings are requested. There is no discussion regarding this patient being at risk for aberrant behaviors. ODG Guidelines allow for once yearly urine drug screens for low-risk patients that are on an opiate regimen. This request IS NOT medically necessary.