

Case Number:	CM13-0009071		
Date Assigned:	03/03/2014	Date of Injury:	08/24/1998
Decision Date:	05/07/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/08/2013

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. The expert reviewer is Board Certified in Family Practice, has a subspecialty in Preventive Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This female claimant sustained an injury on August 24, 1998 resulting in chronic low back pain. She underwent a lumbar fusion in 2000 and 2005. She also had additional diagnosis of lumbar spinal stenosis for which she underwent epidural steroid injections. For several years since at least 2012 she had pain ranging to eight out of ten in her low back. For several years she had been on analgesics for pain, including Norco. On July 29, 2013 a request was made for four urine toxicology screens within one year to be in compliance with the drug enforcement agency.

IMR ISSUES, DECISIONS AND RATIONALES

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

RANDOM QUARTERLY IN OFFICE URINE TOXICOLOGY SCREENING (4 PER YEAR) QTY: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing and Urine Drug Testing (UDT) Indications Page(s). Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids And Urine Toxicology Page(s): 83-91. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for UDT.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Furthermore screening for addiction risk should be performed with questionnaires such as the Cage, Skinner trauma, Opioid Risk Tools, etc. Such screening tests were also not indicated in the documentation. The ODG guidelines on Urine Toxicology screening state the following: Indications for UDT: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder (4) If aberrant behavior or misuse is suspected and/or detected. Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. Based on the above references, long term use of opioids and no clinical history of high risk behavior, a urine toxicology screen is not medically necessary.