MAXIMUS Federal Services

Case Number:	CM13-0009816		
Date Assigned:	06/09/2014	Date of Injury:	03/26/2010
Decision Date:	08/26/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	08/12/2013

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 Occupational 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 is a 27 year-old female who has reported low back and leg pain before and after an injury in 2010. She has been treated with chronic opioids, other medications, and injections. Opioids were used chronically prior to this injury date. Diagnoses include disc disease, radiculopathy, and facet degeneration.On 3/11/13, the treating physician noted ongoing, decreasing use of opioids (Oral Oxycodone and Topical Tramadol). A substantial amount of generic information regarding medications was included. A urine drug screen was prescribed, with no specific rationale or discussion of the specific methodology. The urine drug screen was stated to be an in-office screen. A urine drug screen prescription on 4/15/13 was for a vast array of medications, most of which have no apparent indication for this patient. On 2/4/13 and 4/1/13, the progress report notes ongoing back pain, Baclofen and Norco. A prescription for Oxycodone was given. The in-office drug screen was negative for Oxycodone. There was no discussion of this. A urine drug screen at the lab was performed on 2/4/13 and 4/1/13 tested positive for Oxycodone. On 4/29/13, the treating physician noted ongoing back pain, Norco and Baclofen. Oxycodone was prescribed and a periodic urinalysis was performed. There was no discussion of the specific kind of urinalysis to be performed. A urine drug screen, qualitative, was positive for Oxycodone, and illegible for other items. The result from a test on 4/29/13 was positive for Oxycodone. A Utilization Review decision dated 7/15/13 denied the request for a urine drug screen performed on 4/29/13, noting the excessive quantity of tests already performed on this low risk patient, and the recommendations of guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Urine Drug Screen, DOS: 04/29/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, (Pain) Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control, Opioid contracts: (9) Urine drug screens may be required, Opioids, steps to avoid misuse/addiction: Frequent random urine toxicology screens Page(s): 43, 47, 78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, urine drug screen.

Decision rationale: The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen. The medical reports appear template and are inconsistent with respect to the listed medications. It is stated that the injured worker takes Norco, not Oxycodone. The results of the in-office urine drug screens were not used to alter the treatment plan; a negative screen for oxycodone should have resulted in changed prescribing for oxycodone but it did not. The urine drug screen performed included many unnecessary tests, as many drugs with no apparent relevance for this patient were assayed. The MTUS recommends random drug testing, not at office visits or regular intervals. The urine drug screens were always performed at the office visit, which implies a lack of random testing. The tests have been performed very frequently, with no apparent rationale for such frequent testing. Confirmation tests were always performed regardless of the results of the screening tests. The Official Disability Guidelines recommends that the frequency of testing be at most 2-3 times a year for moderate risk patients, and yearly for low risk patients. The treating physician has not explained why this patient is at any increased risk for aberrant use of opioids. Given that the treating physician has not provided details of the proposed testing, the excessive quantity of testing, and the other discrepancies listed above, the urine drug screen is not medically necessary.