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| Case Number: | CM13-0015725 | | |
| Date Assigned: | 03/19/2014 | Date of Injury: | 05/01/2002 |
| Decision Date: | 04/15/2014 | UR Denial Date: | 07/30/2013 |
| Priority: | Standard | Application Received: | 08/23/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker had a date of injury of 5/1/2002. The diagnoses include lumbar post laminectomy syndrome, complex regional pain syndrome, a history of left lower leg fracture, chronic neck pain, bilateral upper extremity pain, sleep disorder, and anxiety disorder. The patient is treated with OxyContin 40 mg three (3) times a day, hydrocodone, and Soma. The disputed issues in this case are request for urine drug screens performed on May 30, 2013 and June 27, 2013. The utilization reviewer had contacted the requesting healthcare provider's office and personnel that are stated that the doctors "regular protocol on all patients is to screen monthly. There was no special reasoning for the frequency of testing." The reviewer noted that there was no aberrant behaviors document and cited the Official Disability Guidelines which recommend stratifying opioid risk in patients to determine the frequency of screening. The two (2) urine drug screens were not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERFORM URINE DRUG SCREEN DONE ON 5/30/13 AND 6/27/13: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG SCREEN Page(s): s 43, 76-80. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CHRONIC PAIN CHAPTER, URINE DRUG SCREENS

Decision rationale: The Chronic Pain Medical Treatment Medical Guidelines indicate, "Drug testing: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." The guidelines also indicate that the the provider should consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. On-going management actions should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Official Disability Guidelines indicate that urine drug testing is recommended as a tool to monitor the adherence to the use of controlled substance treatment, to identify drug misuse (both before and during treatment), and as an adjunct to self-report of drug use. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The patient is treated with OxyContin 40 mg three (3) times a day, hydrocodone, and Soma. There is documentation in a progress note on September 3, 2013 that the injured worker has no history of alcohol or drug use. The patient had a SOAPP-14 score of seven (7), which is an "at risk" score. The opioid risk tool screening showed a positive family history of alcohol abuse. Given the guidelines, it is appropriate to perform urine drug testing, and these two (2) requests for drug testing are recommended for certification.