

Case Number:	CM13-0030462		
Date Assigned:	11/27/2013	Date of Injury:	05/08/2012
Decision Date:	02/04/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and 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 physician 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 is a 48-year-old male with a date of injury of May 8, 2012. The covered body regions include the lumbar spine. The worker has had L4-5 HNP with lateral recess stenosis and lumbar radiculopathy. The injured worker is noted to be taking Soma and Anaprox as per a progress note dated 6/25/2013. Previously, the patient was noted to be on Norco, Naproxen, Tizanidine, and Omeprazole in a progress note dated 5/7/13, and even more remotely was on a combination of Naproxen, Tizanidine, Lunesta, and sertraline as documented in an Agreed Medical Evaluation on date of service 10/29/12. The disputed issue is a request retrospectively for a urine toxicology tests on date of service July 23, 2013. A utilization review report dated September 19, 2013 recommended non-certification. The rationale for this included that the patient had a recent drug screen on May 7, 2013 and there was no indication from the provider that medication abuse was suspected. The utilization reviewer also states that "the provider performs a qualitative drug screen and guidelines only support quantitative testing." The utilization reviewer concludes that the guidelines only recommended to drug screens a year and there is no evidence of medication abuse, and therefore the urine toxicology test is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology test, DOS: 7/23/2013 between 7/23/2013 and 7/25/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen and Opioid Therapy Page(s): 43, 76-80.

Decision rationale: The Chronic Pain Medical Treatment Medical Guidelines states the following "Drug testing: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. "Urine Drug Testing (UDT) in patient-centered clinical situations Recommended as a tool to monitor adherence to 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. 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. (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 claimant has a positive 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. See Opioids, screening for risk of addiction (tests). (4) If aberrant behavior is suspected and/or detected. See Opioids, indicators of addiction; (5) In the case when an opioid or other scheduled drug is initially prescribed. Indications: Ongoing monitoring: (1) If a patient has evidence of a high risk of addiction (including evidence of a comorbid psychiatric disorder), has a history of aberrant behavior, or has history of substance dependence (addiction), 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. Frequency: There is no hard and fast rule in terms of frequency of drug testing but, as noted above, risk stratification appears to be the best way to determine frequency. It is currently recommended that patients at low risk of adverse outcomes be monitored randomly at approximately every six months. A 3- to 4-time a year frequency is recommended for patients at intermediate risk, those undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. Those patients at high risk of adverse outcomes may require testing as often as once a month." In the case of this injured worker, there is documentation of a previous urine toxicology test performed on May 7, 2013, with a consistent result documented in a progress note of the same day. It is noted that the utilization review had not mentioned that the patient was on narcotic pain medication (Norco) wh