

Case Number:	CM13-0061115		
Date Assigned:	12/30/2013	Date of Injury:	03/12/2010
Decision Date:	03/26/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/04/2013

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 Family Practice, has a subspecialty in Pain Management 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 patient is a 51-year-old female who sustained an injury on March 12, 2010, which resulted in back pain, muscle spasms, and degenerative disc disease. She has a medical history that includes: asthma, arthritis, obesity, somatoform disorder depression, gastroesophageal reflux disease (GERD), migraines and obesity. Her chronic pain has been managed with Fentanyl, Hydrocodone, Trazadone and Tylenol. She has been on Fentanyl for over 2 years. She had received epidural spinal injections and therapy. A progress note dated September 10, 2013 states that her pain was 8/10 and interfered with daily activities. Examination findings included: back pain, muscle weakness and neck pain. On October 9, 2013 a urine drug screen was ordered that included cocaine or metabolite; dihydromorphinone; methadone; amphetamine or methamphetamine; benzodiazepines; quantitation of drug NES; phencyclidine; Nortriptyline; creatinine, other source; ph body fluid except blood; alcohol, any specimen except breath; drug screen, qualitative, single drug class method and opiates. The result was positive for Fentanyl and Trazadone. A prior screen was performed in February 2013, which was also consistent with medication prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

The retrospective request for a urine drug screen, to included: Cocaine or Metabolite x1; Dihydromorphinone x1; Methadone x1; Amphetamine or Methamphetamine x3; Benzodiazepine x6; Quantitation of Drug, not elsewhere specified x5; Phencyclidine x1, Nortriptyline, Creatinine, other source x1, Ph body: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 web-based edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and urine drug screen Section Page(s): 83-91.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, a urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. Urine drug testing (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. UDT is not generally recommended in acute treatment settings. Ongoing management is recommended in cases in which the patient asks for a specific drug, particularly if the drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. 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. If aberrant behavior or misuse is suspected and/or detected. If a patient has evidence of a "high risk" of addiction, has a history of aberrant behavior, personal or family history of substance dependence, or a personal history of sexual or physical trauma, ongoing UDT is indicated as an adjunct to monitoring along with clinical exams and pill counts. If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. In this case, the patient had no prior findings of abuse or any recent documentation of non-compliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.