

Case Number:	CM14-0000649		
Date Assigned:	01/31/2014	Date of Injury:	03/31/1998
Decision Date:	10/29/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 case is a 55 year old female with a date of injury on 3/31/1998. A review of the medical records indicate that the patient is undergoing treatment for lumbar pain, failed back surgery syndrome, lumbar radiculopathy, chronic pain and lumbar degenerative disc disease. Subjective complaints (3/18/2014) include pain to low back and bilateral lower extremities. Objective findings (3/18/2014) include positive bilateral straight leg test, antalgic gait, paraspinal tenderness to palpation, and mild decreased sensation to bilateral lateral thigh. Medications include Lunesta, MS Contin, Oxycodone, Clonazepam, and ibuprofen. A urine drug test dated 6/5/2013, 9/16/2013 and 12/18/2013 revealed "consistent with compliance: no drugs of abuse". Drug testing dated 9/10/2013 revealed opioid consistent medications, but inconsistent for alprazolam. Subsequent drug test dated 3/21/2014 revealed "consistent with compliance: no drugs of abuse". A utilization review dated 12/20/2013 non-certified a request for toxicology screen due to no documentation of patient non-compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Drug Screening Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine drug testing (UDT)

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening:- "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.-"moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.-"high risk" of adverse outcomes may require testing as often as once per month. Medical documents revealed at least four urine drug screening. Three of which were "consistent" without signs of abuse. One drug screening revealed an unexpected medication (alprazolam), but on the subsequent drug screening days later, the results were "consistent" without signs of abuse. The patient is considered low to moderate risk and testing 1-3 times year is reasonable. Of note, the treating physician does not explain what concerns for medication abuse he has. As such, the request for TOXICOLOGY SCREEN is not medically necessary.