

Case Number:	CM14-0102810		
Date Assigned:	07/30/2014	Date of Injury:	05/18/2013
Decision Date:	12/19/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/03/2014

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 Family Medicine and is licensed to practice in Ohio. 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 is a 35-year-old male with a date of injury of 5-18-2013. He was moving a dumpster at work when he developed low back pain radiating to the right lower extremity. Initial x-rays were said to be unremarkable. He was prescribed dose relaxants and Tylenol referred for physical therapy. His pain continued however ultimately he had an MRI scan the lumbar spine. This revealed broad-based disc protrusions of L3-L4, L4-L5, and L5-S1 with facet hypertrophy, neural foraminal narrowing, and compression of the cauda equina. The physical exam has revealed tenderness to palpation of the paravertebral muscles and facet joints of the lumbar spine, diminished lumbar range of motion, normal lower extremity strength and reflexes, and an initially normal sensory exam but later showing diminished sensation of the S1 dermatome region on the right. The injured worker has additionally been prescribed the anti-inflammatories Lodine and Naproxen, a Medrol dose pack, and Prilosec. A baseline urine drug screen can be found from July 15, 2013. The utilization review physician found evidence of a urine drug screen from April 23, 2014. There is a request for a urine drug screen from June 18, 2014. The diagnoses include multilevel herniated lumbar discs, lumbar strain/sprain, right lower extremity radiculopathy, and seasonal affective disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Steps to Avoid Misuse /Addiction Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic), Opioids, Tools for Risk Stratification & Monitoring, Urine Drug Testing (UDT).

Decision rationale: Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. 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. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (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 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. Patients at moderate risk for opioid misuse have objective and subjective signs and symptoms of an identifiable diagnostic problem but may have some but not all of the identifiers found under the "high risk" category. Some authors indicate that individuals with treated or non-active substance abuse issues or significant family history of this fall into this category. These patients may have psychiatric comorbidity. These patients are appropriately screened with urine drug testing 2-3 times a year. In this instance, the injured worker has not been prescribed opioids. However, opioids appear to be a possible therapeutic option. Because the injured worker has a psychiatric diagnosis, i.e. seasonal affective disorder, he may be thought to be in a moderate risk category for potential substance misuse. Therefore, urine drug screening 2 to 3 times yearly may be appropriate even if opioids have yet to be prescribed. Therefore, a urine drug test with the requested date June 18, 2014 was medically necessary per the referenced guidelines.