

Case Number:	CM14-0114118		
Date Assigned:	09/18/2014	Date of Injury:	08/06/2008
Decision Date:	10/17/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/21/2014

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 Physical Medicine and Rehabilitation 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 is a 52-year-old male who reported an injury on 08/06/2008. The mechanism of injury was not provided. The diagnoses included degeneration of cervical intervertebral disc, thoracic myalgia, and lumbar degenerative disc disease. The progress report, dated 05/12/2014, noted the injured worker complained of frequent pain to her neck, upper back, and lower back. The physical examination noted there was no bruising, swelling, atrophy, or lesion present at the cervical, thoracic, or lumbar spine. The medications included cyclobenzaprine 7.5 mg #60, hydrocodone 10/325 mg tablet #60, ibuprofen 800 mg, alprazolam 1 mg #30, and omeprazole 20 mg #60. The treatment plan recommended continuing medications as prescribed; added medical creams to include amitriptyline, dextromethorphan, gabapentin, flurbiprofen, and tramadol; and requested a follow-up urine drug screen to rule out, "meds toxicity." Previous urine drug screens were noted to be collected monthly since 02/2014. The results were provided for 03/17/2014, 04/14/2014, and 05/12/2014, in which each urine drug screen was negative for all substances to include the prescribed hydrocodone, alprazolam, and cyclobenzaprine. The Request for Authorization form was submitted for review on 05/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testing Retrospective (DOS 05/12/14) Urine Drug Screen/ Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Urine Toxicology

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The retrospective request for testing, date of service 05/12/2014, urine drug screen/urinalysis was not medically necessary. The injured worker had pain to her cervical, thoracic, and lumbar spine with prescriptions for hydrocodone and cyclobenzaprine as far back as 02/2014, and a prescription for alprazolam noted on 05/12/2014. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It is also recommended for use in conjunction with a therapeutic trial, or ongoing management of opioids, as a screening for risk of misuse and addiction. The urine drug screens provided for review from 03/17/2014, 04/14/2014, 05/12/2014, 06/13/2014, and 07/11/2014 were all inconsistent with the prescribed medication regimen. There was no noted confrontation with the injured worker regarding the results of these tests. There was no documented assessment of risk of abuse or misuse of opioid or other prescriptions. There was no assessment of aberrant or addiction related behaviors noted. There was no documentation of the injured worker receiving medication refills monthly or her reported frequency of use of these medications. Without documentation of high risks, there is no indication for monthly urine drug screenings. As such, the request for a urine drug screening on 05/12/2014 was not indicated. Therefore, the request is not medically necessary.