

Case Number:	CM14-0128803		
Date Assigned:	08/18/2014	Date of Injury:	12/30/2009
Decision Date:	09/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/13/2014

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 Anesthesia has a subspecialty in Acupuncture & 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 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 claimant is a 41 year-old female with a date of injury of 12/30/09 with related back pain. Per progress report dated 5/12/14, she complained of achy and intermittently sharp constant back pain. She also reported feeling an electrical sensation which radiated along the right lower extremity to the foot. She was status post L4-L5 and L5-S1 discectomy with posterior instrumentation, fusion and pedicle screw fixation 4/21/12. EMG/NCS performed 10/12/12 revealed left lower extremity radiculopathy at L5. She had a history of neck pain with MRI scan evidence of discogenic disease at C4-C5 unrelated to her industrial injury. She has been treated with physical therapy and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screening: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Criteria for use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87.

Decision rationale: MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Per MTUS CPMTG page 87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state; 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication; 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues; 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources". Review of the submitted documentation revealed UDS report dated 6/16/14 with inconsistent results. Citalopram was detected and not prescribed, and hydrocodone was prescribed but not detected. Therefore, I respectfully disagree with the UR physician; these inconsistent results may indicate aberrant behavior and warrant UDS testing. The request for Urine Drug Screening is medically necessary and appropriate.

GC/MS qty 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Criteria for use of Urine Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Urine drug testing.

Decision rationale: Per ODG TWC, with regard to confirmatory testing: "Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS). These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. The tests also allow for identification of drugs that are not identified in the immunoassay screen." Per the guidelines, confirmation should be sought for samples testing negative for prescribed drugs. Review of the submitted documentation revealed UDS report dated 6/16/14 with inconsistent results. Citalopram was detected and not prescribed, and hydrocodone was prescribed but not detected these inconsistent results may indicate aberrant behavior and warrant confirmatory testing. The request is medically necessary.

Opiates qty 1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Urine drug testing.

Decision rationale: Per ODG TWC, with regard to confirmatory testing: "Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS). These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. The tests also allow for identification of drugs that are not identified in the immunoassay screen." Per the guidelines, confirmation should be sought for samples testing negative for prescribed drugs. Review of the submitted documentation revealed UDS report dated 6/16/14 with inconsistent results. Citalopram was detected and not prescribed, and hydrocodone was prescribed but not detected, these inconsistent results may indicate aberrant behavior and warrant confirmatory testing. The request is medically necessary.

Creatinine qty 1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Urine drug testing.

Decision rationale: The testing of creatinine is used to confirm that the urine has not been diluted. It is used as a control test to confirm there has been no tampering or relevant concentration/dilution with the sample. The request is medically necessary.