

Case Number:	CM14-0133421		
Date Assigned:	08/25/2014	Date of Injury:	01/16/2007
Decision Date:	11/26/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/20/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 29 year old male who sustained an industrial injury on 01/16/2007. The mechanism of injury was pain in lower back while working with rebar. He was scheduled to have lumbar spine surgery, L5-S1 fusion on 08/25/14. The request was for urine drug screen every week until the lumbar spine surgery. An MRI of lumbar spine done on 04/08/14 reviewed moderate to severe loss of disc space height at L5-S1, moderate disc desiccation and 3 mm posterior broad based disc bulge causing moderate right neural foraminal stenosis and encroachment of the right foraminal L5 nerve. The urine drug screening from 04/03/14 was positive for Meprobamate, hydrocodone, hydromorphone, oxycodone and oxymorphone which was inconsistent with prescribed medications. The repeat urine drug screens from 06/18/14, 07/01/14 and 07/16/14 was consistent with prescribed medications. The clinical note from 07/28/14 was reviewed. He had been on MS Contin 30mg QID. He was scheduled for L5-S1 fusion. He was utilizing his MS Contin four times a day with improvement in pain and function. He was noted to have weekly urine drug screens which were consistent with the prescription for Morphine. He was noted to have self procured some of his home medications during his earlier visits. Most recently, he was self procuring Vicodin after the dose of Morphine was decreased from 180mg to 90mg. Subsequently his Morphine was increased to 120mg per day. He had not self procured Vicodin since June 2014. The diagnoses included L5-S1 lumbar degenerative disc disease with disc protrusion by report, right lower extremity radicular symptoms and opioid dependency. The request was for weekly urine drug screening every week for 3 weeks until 08/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

UDS weekly until lumbar surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 43, 78.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43.

Decision rationale: The employee had sustained an industrial injury and had low back pain. The treatment included MS-Contin QID. The urine drug screen in June 2014 was inconsistent with his prescription. This was due to self procurement of Vicodin. Hence he was having urine drug screening frequently. But lately they had been consistent with given prescriptions. This was attributed to his better pain control with the higher dose of MS Contin. The request was for continuation of weekly urine drug screens until his lumbar surgery. The MTUS guidelines recommend obtaining drug tests intermittently while on Opioids. But the MTUS does not address the frequency with which testing should be done. The ACOEM guidelines recommend urine drug screenings up to 4 times a year while on Opioids as well as "for cause" like drug intoxication, motor vehicle crash, lost or stolen prescriptions, using more than one provider and selling of medications. In this case, the provider described self procuring of Vicodin briefly, with ongoing need for MS-Contin four times a day. His most recent three drug screenings had been consistent with his prescriptions. Even though he needed closer monitoring given his recent aberrant behavior, there is not enough concern currently to necessitate ongoing weekly urine drug screens. Hence the request for weekly Urine Drug Testing until Lumbar Surgery is not medically necessary and appropriate.