

Case Number:	CM14-0159140		
Date Assigned:	10/02/2014	Date of Injury:	01/03/2013
Decision Date:	10/28/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

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 33-year-old male with a date of injury of January 3, 2013. He was picking up a large dog when he sustained an injury to his back. He underwent a hemi-lumbar laminotomy in February 2014. He did well after surgery and had completely weaned off of opioids as of May 5, 2014. On August 27 of 2014 the physical exam revealed a well-healed lumbar surgical scar, tenderness to palpation of the lower lumbar spine, and straight leg raise testing on the left. His diagnoses include lumbar spinal stenosis, lumbar degenerative disc disease, lumbosacral neuritis, lateral epicondylitis of the left elbow, and insomnia. He began to redevelop low back pain radiating to the left lower extremity after his May 2014 visit. On August 27, 2014 the Norco 10/325 mg was increased from TID to QID. The clinic notes state that "urine drug testing has been consistent with prescribed medication." However, on 3/5/2014 evidence of Hydrocodone was found in the urine when it was reported that he was taking Nucynta. Additionally, there was no evidence of Nucynta or Gabapentin, medications he was supposed to be taking. At issue, is the appropriateness of urine drug testing on July 30, 2014. This correlates well with the time frame for which opioids were probably restarted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Urine Drug Screen (DOS 7/30/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Drug Screening

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Per the official disability guidelines, the following are indications for urine drug testing: At the onset of treatment: (1) 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. Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. In this instance, it may be said that chronic opioid management is being considered as the injured worker had weaned off of opioids only to have them started again. Additionally, a urine drug screen from 3/5/2014 revealed an inconsistent result and therefore may be said to place the individual in a high-risk category for addiction. Taken together, the guidelines would tend to support urine drug testing for this individual and therefore a urine drug screen on 7/30/14 is medically necessary.