

Case Number:	CM14-0172587		
Date Assigned:	10/23/2014	Date of Injury:	05/03/2002
Decision Date:	12/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family 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:

This is a 38-year-old male patient who reported an industrial injury to the back on 5/3/2002, over 12 years ago, attributed to the performance of his usual and customary job tasks. The patient reported that his pain was increased by everything. The patient is being treated with both intrathecal and oral Opioids. The patient is noted to be prescribed oxycodone; Ambien CR; Neurontin; Soma; and Topamax. The patient denies drinking alcohol and denies illicit drug use. The objective findings on examination included height 5'10"; weight 248 pounds; no acute distress; back with decreased range of motion; tenderness to palpation to the lumbar paraspinal area; no cyanosis or clubbing; ambulates with a cane. The diagnoses were postlaminectomy syndrome lumbar spine; fusion with subsequent hardware removal; lumbar radiculopathy; opioid dependence; s/p intrathecal pain pump implants. The treatment plan included a routine pump refill; Oxycodone IR 30 mg #90; Ambien 12.5 mg; soma 350 mg #120; and Neurontin. The patient was prescribed Lidoderm patches previously and had enough to last. The patient was prescribed a urine drug screen on a quarterly basis along with an alcohol screen on a quarterly basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four Urine Drug Screens for quarterly monitoring: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--drug testing; screening for addiction; Urine drug testing

Decision rationale: The patient has been ordered and provided a urine toxicology screen on a quarterly basis without any objective evidence to support medical necessity. It is noted that the prior urine drug toxicology screen was consistent with the prescribed medicines. There was no rationale provided by the treating physician to support the medical necessity of the urine drug screen testing on a quarterly basis. The performed test was based on policy and not medical necessity. The qualitative urine drug screen was performed/ordered as a baseline study based on office procedure for all patients without any objective evidence or rationale to support medical necessity. The screen is performed routinely without objective evidence to support medical necessity or rationale to establish the criteria recommended by evidence-based guidelines. The diagnoses for this patient do not support the use of Opioids, as they are not recommended for the cited diagnoses or prescribed medicine for chronic back pain. There is no demonstrated medical necessity for a urine toxicology screen and it is not clear the provider ordered the urine toxicology screen based on the documented evaluation and examination for chronic pain. There was no rationale to support the medical necessity of a provided urine toxicology screen based on the documented objective findings. The patient should be on OTC medications as necessary. There is no demonstrated medical necessity for the provision of a urine drug screen for this patient based on the provided clinical documentation and the medications prescribed. There were no documented indicators or predictors of possible drug misuse in the medical documentation for this patient. There is no clear rationale to support the medical necessity of Opioids. There was no indication of diversion, misuse, multiple prescribers, or use of illicit drugs. There is no provided clinical documentation to support the medical necessity of the requested urine toxicology screen. There is no objective medical evidence to support the medical necessity of a comprehensive qualitative urine toxicology screen for this patient. The prescribed medications were not demonstrated to require a urine drug screen and there was no explanation or rationale by the requesting physician to establish medical necessity. The CA MTUS recommends that patients at low risk for addiction or aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no rationale provided by the requesting physician supported with objective evidence in order to override the recommendations of the CA MTUS. The provider has requested a drug screen due without a rationale to support medical necessity other than to help with medication management. There was no patient data to demonstrate medical necessity or any objective evidence of cause. There is no provided rationale by the ordering physician to support the medical necessity of the requested Urine Drug Screen in relation to the cited industrial injury, the current treatment plan, the prescribed medications, and reported symptoms. There is no documentation of patient behavior or analgesic misuse that would require evaluation with a urine toxicology or drug screen. There is no demonstrated medical necessity for requested Urine Drug Screens for quarterly monitoring.

Four Sessions of Alcohol Testing for quarterly monitoring: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--drug testing; screening for addiction; Urine drug testing

Decision rationale: The patient has been ordered and provided a urine alcohol screen without any objective evidence to support medical necessity. There was no rationale provided by the treating physician to support the medical necessity of the urine alcohol screen. The patient was noted to not drink and was not an alcoholic. There was no rationale provided by the requesting physician to support the medical necessity of quarterly alcohol testing. The request for alcohol quarterly screening was not supported with objective evidence to demonstrate medical necessity. The screen is performed routinely without objective evidence to support medical necessity or rationale to establish the criteria recommended by evidence-based guidelines. There is no demonstrated medical necessity for a urine alcohol screen and it is not clear the provider ordered the urine alcohol screen based on the documented evaluation and examination for chronic pain. There was no rationale to support the medical necessity of the requested quarterly urine alcohol screen based on the documented objective findings. There is no demonstrated medical necessity for the provision of a urine alcohol screen for this patient based on the provided clinical documentation and the medications prescribed. There were no documented indicators or predictors of possible drug or alcohol misuse in the medical documentation for this patient. There was no indication of alcohol abuse. There is no provided clinical documentation to support the medical necessity of the requested urine alcohol screen. There is no objective medical evidence to support the medical necessity of a urine alcohol screen for this patient. The prescribed medications were not demonstrated to require a urine alcohol screen and there was no explanation or rationale by the requesting physician to establish medical necessity. The provider has requested an alcohol screen due without a rationale to support medical necessity other than to help with medication management. There was no patient data to demonstrate medical necessity or any objective evidence of cause. There is no provided rationale by the ordering physician to support the medical necessity of the requested urine drug screen in relation to the cited industrial injury, the current treatment plan, the prescribed medications, and reported symptoms. There is no documentation of patient behavior or alcohol misuse that would require evaluation with a urine alcohol screen. There is no demonstrated medical necessity for the requested Alcohol Testing for quarterly monitoring.