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| Case Number: | CM14-0178136 | | |
| Date Assigned: | 10/31/2014 | Date of Injury: | 10/18/2012 |
| Decision Date: | 12/08/2014 | UR Denial Date: | 10/03/2014 |
| Priority: | Standard | Application Received: | 10/28/2014 |

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, has a subspecialty in 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 injured worker is a 64-year-old individual with an original date of injury of October 18, 2012. The mechanism of injury was a fall of a resident on top of the worker. The injured worker has documentation of chronic low back pain, lumbar radiculopathy, and chronic pain syndrome. Treatments to date have included oral and topical pain medications, chiropractic care, acupuncture, physical therapy, and pain management referral. The medications have included Anaprox, Ultram, and Prilosec. The disputed request is an order for a urine drug test. This was denied on the basis that there was "no clear evidence presented of medication misuse or addiction to justify the frequency of request for urine drug screen." It is noted in the records that the patient had urine drug screen on August 29, 2014 and a request for authorization on September 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter
Urine Drug Testing

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears that the provider has recently performed a toxicology test on 8/19/2014. Oddly enough, the report of the urine toxicology actually states that "no drug is prescribed." However, previous notes including a pain consultation on 8/19/2014 document the usage of tramadol. The urine toxicology is a consistent result. There is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. There is no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion, and would therefore require frequent screening. As such, the currently requested urine toxicology test is not medically necessary.