

Case Number:	CM14-0182800		
Date Assigned:	11/07/2014	Date of Injury:	12/21/2001
Decision Date:	12/11/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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 American Board Internal 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 (IW) is a 59-year-old woman who sustained an industrial injury on December 21, 2001. The mechanism of injury was not documented in the medical record. She is status post L4-L5 lumbar fusion. Pursuant to the sole progress report in the medical record dated October 3, 2014, the IW reports that there are no change in her current level of pain and medications prescribed are allowing her to perform activities of daily living. The IW complains of lumbar radiculopathy, and thoracic radiculopathy. Pain is described as stabbing, burning, and spasms. Current pain is rated at 6/10. Aggravating factors are cold and sitting. Alleviating factors include heat, rest, walking, medication and massage. Physical examination reveals speech and cognition is intact. There is diffuse thoracic and lumbar tenderness. Gait and posture is normal. Inconsistent behavior responses are absent. The IW was diagnosed with degenerative disc disease, thoracic; degenerative disc disease, lumbar; stenosis, lumbar spine; and failed back surgery syndrome. Current medications include Topamax 50mg, Nortriptyline HCL 25mg, Norco 10/325mg, Cyclobenzaprine HCL 10mg, Aspirin 81mg, Xanax 0.25 mg, and Lisinoril 10mg. Treatment recommendations include medication management, continue home exercise program, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Criteria For Use of Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Testing

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug toxicology screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is also dependent upon whether the injured worker is considered a low risk, intermediate or high risk for drug misuse or abuse. The guidelines indicate patients at low risk of addiction should be treated within six months of initiation of therapy and a yearly basis thereafter. In this case, the medical record was very limited to a single date, October 3, 2014. It was a medication summary with renewals for Norco 10/325 one tablet every six hours maximum three times a day and a section with medication management. An additional section stated "unannounced urine drug screens are performed routinely". The guidelines indicate patients at low risk of addiction should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is nothing in the guidelines that indicate urine drug tests are performed "routinely". There is nothing in the medical record indicating the injured worker was at low risk, intermediate or high risk for drug misuse/abuse. Consequently, the random urine drug screen is not medically necessary. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, the urine drug toxicology screen is not medically necessary.