

Case Number:	CM14-0020994		
Date Assigned:	04/30/2014	Date of Injury:	07/10/1999
Decision Date:	08/07/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 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 59-year-old male who was reportedly injured on 07/10/1999 injuring his lumbar spine. The mechanism of injury is not listed in the records reviewed. Medical records since 2007 show that the injured worker has been treated by qualified medical evaluators and has listed diagnoses of status post lumbar fusion at L4-5 and L5-S1, lumbar degenerative disc disease at L3-4, lumbar radiculitis and muscle spasms. He has received epidural injections and is currently taking pain medications Oxycontin 80mg three times a day and Celebrex. Urine drug tests have been performed periodically (11/17/2012, 02/27/2013, 06/05/2013 and 09/04/2013) and have been positive for Oxycodone. Progress report dated 01/17/2014 noted pain radiating down both lower extremities and decreased sensation to his thighs bilaterally. He has compression at the L3-L4 level along with stenosis on his imaging studies, relieved by previous transforaminal injections. He recommends continuing Oxycodone 80mg three times a day and Celebrex. Urine toxicology is to be performed periodically. Results for urine toxicology on 01/17/2014 are reported on 01/31/2014 and are positive for opioids, Oxycodone and its metabolites. A request was made for urine drug test and not certified in the pre-authorization process on 02/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 77, 78 AND 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Urine drug screening.

Decision rationale: As per Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG), urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. The urine drug screening is appropriate for patients taking opioids. As per ODG, patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, this Injured Worker has chronic pain and is taking opioids chronically. Drug urine test has previously showed Oxycodone and its metabolites. There is no documentation of any aberrant behavior or signs of diversion. Therefore, the request for another urine drug screen is not medically necessary.