

Case Number:	CM14-0046056		
Date Assigned:	07/02/2014	Date of Injury:	09/19/2004
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/14/2014

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 51-year-old male who reported an injury on 09/19/2004. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his low back. The injured worker's pain was managed with multiple medications. The injured worker was evaluated on 06/24/2014. The injured worker's medications included Valium, Mobic, Cymbalta, morphine sulfate, Lyrica, methadone, Amitiza, and testosterone. The clinical documentation submitted for review does indicate that the injured worker was regularly monitored for aberrant behavior with CURES reporting and urine drug screens. It was noted that the injured worker had no new pain complaints and that medications continued to work well and allow for daily functional activities. Physical findings included tenderness to palpation of the cervical spine with decreased range of motion. The injured worker's diagnoses included post laminectomy syndrome, spinal enthesopathy, muscle spasming, cervicalgia, opioid dependence, chronic joint pain, and brachial neuritis. The injured worker's treatment plan included continuation of medications. A request for authorization form was submitted on 07/07/2014. The requests included an office visit, urine drug screening, and alcohol testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen (quarterly): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment

Workers' Compensation (ODG-TWC) Pain Procedure Summary last updated 3/18/2014-Urine Drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: The requested urine drug screen (quarterly) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend that injured workers be monitored for aberrant behavior while on chronic opioid therapy. The clinical documentation submitted for review does indicate that the injured worker is taking multiple opioids and would require regular monitoring. However, the Official Disability Guidelines recommend injured workers at moderate to low risk for aberrant behavior submit to a urine drug screen up to 3 times per year. Therefore, the need for quarterly testing is not supported. The clinical documentation submitted for review does not provide any evidence that the injured worker is at high risk for aberrant behavior and requires scheduled monitoring. As such, the requested urine drug screen (quarterly) is not medically necessary or appropriate.

Alcohol test (quarterly): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/ethanol/tab/sample/>. Ethanol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine Drug Screens.

Decision rationale: The requested alcohol test (quarterly) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend that injured workers be monitored for aberrant behavior while on chronic opioid therapy. The clinical documentation submitted for review does indicate that the injured worker is taking multiple opioids and would require regular monitoring. However, the Official Disability Guidelines recommend injured workers at moderate to low risk for aberrant behavior submit to a urine drug screen up to 3 times per year. Therefore, the need for quarterly testing is not supported. The clinical documentation submitted for review does not provide any evidence that the injured worker is at high risk for aberrant behavior and requires scheduled monitoring. As such, the requested alcohol test (quarterly) is not medically necessary or appropriate.