

Case Number:	CM14-0055995		
Date Assigned:	07/07/2014	Date of Injury:	09/25/2012
Decision Date:	09/05/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/23/2014

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 54-year old woman was injured on 9/25/12. There is minimal available documentation, which does not include a description of her injury or of ongoing treatment. Our records contain a report of a denial of a urine drug screen in UR submitted 4/17/14, which documents the patient's diagnoses as including brachial neuritis, thoracic/lumbar/sacral strain, neuritis and radiculitis, hand and wrist tenosynovitis, and myalgia/myositis. The urine drug screen was denied in UR primarily on the grounds that not enough information had been submitted to determine medical necessity using evidence-based guidelines. The records also contain a request for IMR dated 4/22/14. A request for information for IMR was made on 7/7/14 which resulted in the submission by the attorney of a single document, a 4/8/14 progress note signed by a chiropractor who works in the primary treating physician's office. This progress note documents that the patient's primary complaint is neck pain and stiffness. Current medications include Voltaren, Fexmid, and Norco 5/325, without any indication as to how many tablets the patient is taking and when she is taking them. The note states that her pain is 6/10 with meds and 8/10 without them. Physical exam is notable for tenderness and decreased ROM of the neck and back, with positive straight leg raise and positive "sacroiliac stress". A diagnosis of sacroiliac sprain was added. Requests for authorizations were made for a urine drug screen with review of the results and a report, for a pain management re-evaluation for epidural steroid injection, and for a psychiatric referral for sleep difficulties and anxiety. No reason for the urine drug screen request was documented. In addition there was no documentation as to how and where the drug screen was to be performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Therapeutic Trial of Opioids page 76; Opioids, Ongoing Management, page 78; Opioids, Steps to Avoid Misuse/Addiction, page 94 Page(s): 76; 78; 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Urine Drug Testing, criteria for use.

Decision rationale: Per the MTUS guidelines cited above, an assessment of the likelihood for substance abuse should be made before a therapeutic trial of opioid use is begun. The section on ongoing management of opioid use recommends that regular assessment for aberrant drug taking behavior should be performed. Drug screens should be used in patients with issues of abuse, addiction or poor pain control. The section on steps to avoid misuse/addiction recommends frequent random urine toxicology screens. Per the ODG reference cited, clinicians should be clear on the indication for using a UDS prior to ordering one. Testing frequency should be determined by assessing the patient's risk for misuse, with low-risk patients to receive random testing no more that twice per year. Documentation of the reasoning for testing frequency, need for confirmatory testing, and of risk assessment is particularly important in stable patients with no evidence of risk factors or previous aberrant drug behavior. Standard drug classes should be include in the testing, including cocaine, amphetamines, opiates, oxycodone, methadone, marijuana, and benzodiazepines. Others may be tested as indicated. A complete list of all drugs the patient is taking, including OTC and herbal preparations must be included in the request accompanying the test, as well as documentation of the last time of use of specific drugs evaluated for. Random collection is preferred. Unexpected results (illicit drugs, scheduled drugs that were not prescribed or negative results for a prescribed drug) should be verified with GCMS. There is very little clinical documentation available in this case. The use of an extremely low dose of an opioid (2.5 mg of hydrocodone) would not generally raise concerns for substance abuse. It appears likely that this patient would classify as a stable patient with no evidence of risk factors or aberrant drug behavior, although there is no documentation of any evaluation for these conditions. Additionally, there is no documentation in regards to the requested urine drug screen, including whether or not it is random, where it is to be performed, what drugs are to be tested for and why, and whether GCMS testing is available for unexpected results. Based on the guidelines cited above and the clinical information provided, a urine drug screen is not medically indicated. A urine drug screen is not medically necessary based on the complete lack of documentation as to why it is needed, what drugs will be tested for, and whether or not the requested drug screen is random and meets guidelines as to how it should be performed. This request is not medically necessary.