

Case Number:	CM14-0065500		
Date Assigned:	07/11/2014	Date of Injury:	07/22/2005
Decision Date:	08/26/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/08/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 57-year-old male who reported an injury on 07/22/2005. The mechanism of injury was not provided in the medical records. His diagnoses include post-traumatic stress disorder, generalized anxiety disorder, degenerative disc disease of the lumbar spine, and chronic back pain. His previous treatments were noted to include psychiatric treatment and multiple medications. Diagnostic studies included a urine drug screen performed on 04/10/2014, which was noted to be positive for Hydrocodone and opiates with reported medications including Lorazepam and Norco. On 04/10/2014, the injured worker presented with complaints of lower back pain and foot pain. His medications were noted to include Norco 10/325 mg. The treatment plan included a urine drug screen as the injured worker was a new patient on controlled substances. The Request for Authorization form was submitted on 04/10/2014 for a urine drug screen, blood toxicity test, Norco, and Lorazepam. A rationale for the blood toxicity request was not provided.

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, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, page 43; Opioids, Criteria for Use, On-going Management, page 78 Page(s): 43; 78.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, drug testing may be recommended as an option to assess for the use or present of illegal drugs. The guidelines also support periodic urine drug screening for patients taking opioid medications. The clinical information submitted for review indicated that the injured worker was utilizing an opioid medication. However, he was shown to have had a urine drug screen on 04/10/2014, which was positive for Hydrocodone and consistent with his medications listed in his 04/10/2014 visit. Therefore, documentation would be needed indicating why the injured worker would require a repeat urine drug screen at this time. As such, the request is not medically necessary and appropriate.

Blood toxicity test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline plus; <http://www.nlm.nih.gov/medlineplus/ency/articl/003578.htm>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, page 43; Opioids, Criteria for Use, On-going Management, page 78 Page(s): 43; 78.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, drug testing may be recommended as an option to assess for the use or present of illegal drugs. The guidelines also support periodic urine drug screening for patients taking opioid medications. The clinical information submitted for review indicated that the injured worker was utilizing an opioid medication. However, he was shown to have had a urine drug screen on 04/10/2014, which was positive for Hydrocodone and consistent with his medications listed in his 04/10/2014 visit. Therefore, further documentation would be needed indicating why the injured worker would require blood toxicity testing, as there was no clear evidence of suspicion for illegal drug use or noncompliance with his controlled substances. As such, the request is not medically necessary and appropriate.