

Case Number:	CM14-0094411		
Date Assigned:	07/25/2014	Date of Injury:	12/27/2012
Decision Date:	09/10/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/20/2014

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:

The claimant is a 61-year-old woman who passed out and fell at work on 12/27/12. Current diagnoses include traumatic brain injury, right shoulder sprain/rotator cuff injury, cervical sprain, and post-traumatic myofascial pain syndrome. The available records refer to two urine drug screens (UDS), both of which were performed in the primary treater's office. A 2/27/14 UDS was performed, but there is no comment on its results in multiple subsequent progress notes. A referral to a functional recovery program was denied by utilization review (UR) on 4/14/14. The primary treater's note dated 5/29/14 documents continued neck and right shoulder pain, with decreased range of motion and weakness of the right shoulder. Current medications include Tylenol with Codeine (Tylenol #3) for pain control, Ketoprofen cream, and Flexeril for spasm control. A UDS was ordered with the rationale that Tylenol #3 is an opioid narcotic and, therefore, there is a potential for misuse, abuse, or diversion. The claimant's work status was temporary partial disability. The request for UDS was denied by UR on 6/12/14. The results of the UDS as reported in the record were inconsistent with the prescribed medications, since they did not show any codeine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clinical Laboratory Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Urine Drug Screen.

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

Decision rationale: Per the cited MTUS guidelines, an assessment of the likelihood of substance abuse should be performed before a therapeutic trial of opioid medication is initiated. 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 than twice per year. Documentation of the reason for testing frequency, the need for confirmatory testing, and risk assessment is particularly important in stable patients with no evidence of risk factors or previous aberrant drug behavior. Standard drug classes should be included 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 (over-the-counter) 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 (gas chromatography/mass spectrometry). The clinical records available in this case do not document that any of the above criteria have been met. There is no documentation of this patient's risk for aberrant behavior, beyond the fact that she is taking an "opioid narcotic". It is not in fact clear that she is taking Tylenol 3, since the drug screen in question came back negative for codeine. The primary treater never commented on the results of a previous drug screen done 2/27/14. In addition, there is no documentation regarding whether or not the screening was random (unlikely since it was ordered at a planned office visit), whether or not it was collected forensically, what drugs were tested for and why, and whether GCMS testing was available or done for unexpected results. Based on the guidelines referenced and the clinical findings of this case, a urinary drug screen was not medically indicated. Because evidence-based criteria were not met in regards to documentation of appropriate evaluation of the patient, of the reasons the test was ordered, and of how the test was performed, the urine drug screen was not medically necessary.