

Case Number:	CM14-0017726		
Date Assigned:	04/16/2014	Date of Injury:	05/19/2013
Decision Date:	03/27/2015	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Internal Medicine

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 patient is a 24 year old male who was injured on 05/19/2013. The patient reports that he picked up a heavy box and felt sudden onset of low back pain. Prior treatment history has included Flexeril, Vicodin, and other muscle relaxants. Narcotic drug screen dated 10/09/2013 reports the patient is not responding or currently taking high dose narcotics; suspects narcotic dependence/tolerance due to current treatment; one-time genetic analysis to assess the patient's genetic predisposition, if any to guide reduction of narcotic usage. The patient's DRI score is 18. Result summary includes positive (homo/hetero) for 6/12 variants; with a DRI score greater than or equal to 20; a patient has an 80% PPV for dependence or misuse of narcotic pain medications. Diagnostic studies reviewed include MRI scan of the low back performed on 8/17/2013 demonstrates consistent with a disc herniation at L5-S1 with an extrusion and stenosis. It was noted to be 6.1 mm. X-rays of the lumbosacral spine taken on 12/31/2014 show normal appearing disc spaces and vertebral bodies. There is no evidence of fracture or displacement. There is no spondylolysis or spondylolisthesis. Evaluation note dated 01/31/2014 reports the patient presents with intermittent, moderate low back pain that spreads to mid and upper back and radiates numbness and tingling to the right anterior thigh, lateral calf and dorsum of the foot. On exam, range of motion exhibits forward flexion to 40; extension to 8; right lateral flexion to 10; left lateral flexion to 15. There is tenderness at the spinal joints at T12 to L5. He has positive straight leg raise down right L5 nerve distribution. Deep tendon reflexes exhibits: Patellar 1+ on the right and 2+ on the left; Achilles is 2+ bilaterally. The treating provider has

requested multiple urine drug screens, immunoassay non-antibody, spectrophotometry, assay of urinary creatinine, and assay of opiates.

IMR ISSUES, DECISIONS AND RATIONALES

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

DRUG SCREENING MULTIPLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT).

Decision rationale: The CA MTUS guidelines didn't address this issue specifically. According to the ODG, Drug screen is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Drug screen multiple is a confirmatory test. The medical records document the patient is diagnosed with Lumbar strain and herniated lumbar disc at L5-S1, the prove narcotic risk profile dated 10/9/2013 revealed dependence risk index score 18. In the absence of documented prior urine drug screen, and lack of medical information regarding the current medication and the patient's response in the provided records, the request is not medically necessary according to the guidelines. Medical necessity for the requested item is not established. The requested item is not medically necessary.

IMMUNOASSAY NON-ANTIBODY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing (UDT)

Decision rationale: The CA MTUS guidelines didn't address this issue specifically. According to the ODG, Drug screen is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes

clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. The medical records document the patient is diagnosed with Lumbar strain and herniated lumbar disc at L5-S1, the proof narcotic risk profile was dated 10/9/2013 revealed dependence risk index score 18. In the absence of documented prior urine drug screen and lack of medical information regarding the current medication and the patient's response in the provided records the request is medically necessary according to the guidelines. The patient is young and at risk for addiction/dependence or abuse based upon previous UDS testing. Medical necessity for the requested item is established. The requested item is medically necessary.

ASSAY OF OPIATES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT)

Decision rationale: The CA MTUS guidelines didn't address this issue specifically. According to the ODG, Drug screen is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. The medical records document the patient is diagnosed with Lumbar strain and herniated lumbar disc at L5-S1, the proof narcotic risk profile was dated 10/9/2013 revealed dependence risk index score 18. In the absence of documented prior urine drug screen and lack of medical information regarding the current medication and the patient's response in the provided records the request is not medically necessary according to the guidelines. Medical necessity for the requested item is not established. The requested item is not medically necessary.

SPECTROPHOTOMETRY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT).

Decision rationale: The CA MTUS guidelines didn't address this issue specifically. According to the ODG, Drug screen is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. The medical records document the patient is diagnosed with Lumbar strain and herniated lumbar disc at L5-S1, the proof narcotic risk profile was dated 10/9/2013 revealed dependence risk index score 18. In the absence of documented prior urine drug screen and lack of medical information regarding the current medication and the patient's response in the provided records, the request is not medically necessary according to the guidelines.

ASSAY OF URINE CREATININE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Creatinine - urine. MedlinePlus. A service of the U.S. National Library of Medicine <http://www.nlm.nih.gov/medlineplus/ency/article/003610.htm>

Decision rationale: The CA MTUS guidelines and ODG have not addressed this issue. According to the MedlinePlus, Creatinine-urine is a test to measure the amount of creatinine in urine. This test is a part of the kidney function test, part of the creatinine clearance test, and it provides information on other chemicals in the urine such as albumin or protein. The medical records document the patient is diagnosed with Lumbar strain and herniated lumbar disc at L5-S1, the proof narcotic risk profile was dated 10/9/2013 revealed dependence risk index score 18. As the records have failed to document kidney function abnormally, and there is no medical indication to measure creatinine clearance, the request is not medically necessary according to the guidelines.