

Case Number:	CM14-0128252		
Date Assigned:	08/15/2014	Date of Injury:	08/08/2001
Decision Date:	01/27/2015	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Emergency 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 injured worker is a 47 year-old male, who sustained an injury on August 8, 2001. The mechanism of injury is not noted. Diagnostics have included: April 20, 2014 drug screen reported as consistent. Treatments have included: cervical fusion, physical therapy, medications. The current diagnosis is: s/ p cervical fusion, cervical radiculitis, lumbago. The stated purpose of the request for Toxicology-Urine drug screen was to provide The request for Toxicology-Urine drug screen was denied on July 21, 2014, citing a lack of documentation of drug abuse or use of illicit drugs, nor medical necessity for another drug screen two months after the previous one. Per the report dated July 18, 2014, the treating physician noted complaints of neck and back pain with parasthesias to the lower extremities. Exam shows cervical and lumbar tenderness with restricted ROM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology-Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG -TWC, ODG Treatment,

Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Urine Drug Testing

Decision rationale: The requested Toxicology-Urine drug screen, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. ODG -TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Urine Drug Testing, notes that claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The treating physician has documented April 20, 2014 drug screen reported as consistent, and the referenced guideline recommends up to 2 to 3 times per year drug testing for claimants at "moderate risk", thereby making drug screening every two months to be excessive. The criteria noted above not having been met, Toxicology-Urine drug screen is not medically necessary.