

Case Number:	CM14-0178752		
Date Assigned:	11/03/2014	Date of Injury:	06/30/1998
Decision Date:	02/28/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/28/2014

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: Colorado

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

74 year old male with date of most recent industrial injury 6/26/1998 continues care with the treating physician. Patient's diagnoses include chronic neck pain with failed cervical laminectomy syndrome and bilateral radicular symptoms, Bilateral shoulder and arm pain, Major Depressive Disorder, and Opioid Dependence. Patient has participated in multiple conservative therapies and ultimately underwent 2 separate cervical procedures (Initial procedure after previous injury, 1988) with incomplete relief of symptoms and residual pain and weakness in upper extremities. Patient is maintained on Norco 10mg/7.5mg three times per day. The treating physician requests authorization for 4 urine drug screens, at least 1 retroactive, for ongoing monitoring. The request has been denied by utilization review and the treating physician requests independent review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualitative point of care test and quantitative lab confirmation- Urine Drug Tests x4:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 78-79, 85, 94.

Decision rationale: Per the Guidelines, opioid use should be monitored, and there are tools recommended for that, including the 4 A's for Ongoing Monitoring: Analgesia, Adverse effects, Activities of Daily Living, and Aberrant behaviors. Urine drug screens negative for the substances prescribed, or positive for substances not prescribed would be indicators of possible aberrant behavior including noncompliance and diversion. Per the Guidelines regarding use of urine drug screens for monitoring opioid use, Chelminski defines "serious substance misuse" or non-adherence as meeting any of the following criteria: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed. (Chelminski, 2005) Furthermore, evidence of serious non-adherence warrants immediate discontinuation of opioids. The frequency of urine drug screens is not directly addressed in the MTUS Guidelines. The ACOEM Guidelines, however, do indicate a recommended schedule for urine drug screens: Baseline testing at initiation of opioid or transfer of care, 2-4 random screens per year, and testing at termination. The ACOEM also notes urine drug screens would be indicated as needed "for cause" if patient exhibits aberrant drug taking behavior. For the patient of concern, the "frequent random urine toxicology screens" referenced in the treating physician's appeal refer to use in those at high risk for opioid abuse. For the patient of concern, I do not find a complete discussion of aberrant drug taking behavior in the record or physician concern that this patient would be at high risk for abuse. (Patient does have comorbid depression which would increase his risk of aberrant drug taking behavior, but the treating physician notes indicate that patient has been maintained long term on the same dose of Hydrocodone without issue) The ACOEM Guidelines recommended schedule for urine drug screens, does not include any reference to urine drug screens every 60 days. Furthermore, the records for the patient of concern, do not indicate any aberrant drug taking behavior that would warrant urine drug screen "for cause," so at most, the patient would have needed a urine drug screen at baseline, and again 3 months later. The request for 4 Urine drugs screens then would not be medically indicated based on the recommended frequencies of the Guidelines.