

Case Number:	CM14-0186445		
Date Assigned:	11/14/2014	Date of Injury:	07/14/2011
Decision Date:	01/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/10/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

This 51 year old male reportedly sustained a work related injury on July 14, 2011 due to lifting 40 pound bags. Diagnoses include thoracic and lumbar disc displacement, lumbar degenerative disc disease (DDD), protrusion L4-L5 and L5-S1 and lumbar spondylosis. Primary care physician visit dated August 26/2014 notes diffuse tenderness of the spine from cervical to lumbar region. Upper and lower extremities are pain free. Urine test dated July 14, 2014 was positive for Cyclobenzaprine, Tramadol and Lorazepam. An office visit dated September 29, 2014 notes low back pain with pain 6/10 and thoracic pain 5/10. Transcutaneous Electrical Nerve Stimulation (TENS) unit is noted to be more than 3 years old and non-functioning. It is also documented the unit "did facilitate diminution in pain and improve range of motion". Medications are Tramadol 50mg 3 times daily, Hydrocodone 7.5mg twice daily, Cyclobenzaprine 10 mg twice daily and Naproxen 550 mg 3 times daily. The same day "toxicology retest to remain in compliance with guidelines" due to poor response to opioids, depression and not returning to work for several months was performed. The injured worker is considered permanent and stationary. On November 4, 2014 Utilization Review found a request dated October 13, 2014 for urine drug screen to be non-certified. Application for independent medical review is dated November 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for UDS Collect Date 09/29/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears that the provider has recently performed a toxicology test prior to the debated request date on 5/9/14 and 7/14/14. The provider notes that the patient is taking pain medication, and the risk stratification is high because of depression and poor response to opioids. However, a validated metric such as the Opioid Risk Tool or SOAPP is not utilized. There does not appear to be sufficient commentary on the 5/9/2014 urine drug screen result to indicate whether it was aberrant or not. Furthermore, there is contradictory documentation to the idea that opioid response has been poor as the 6/16/14 progress note specifies that "medications does help." As such, the currently requested urine toxicology test is not medically necessary.