

Case Number:	CM14-0187175		
Date Assigned:	11/17/2014	Date of Injury:	06/16/2008
Decision Date:	01/05/2015	UR Denial Date:	10/15/2014
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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 43 year old male with date of injury of 6/16/2008. A review of the medical records indicated that the patient is undergoing treatment for intervertebral disc disease of the lumbar spine with radiculopathy. Subjective complaints include continuing lower back pain with radiation and numbness down bilateral lower extremities. Objective findings include limited range of motion of the lumbar spine with tenderness to palpation of the paravertebrals and positive straight leg raise bilaterally. Treatment has included Cymbalta, Carisoprodol, hydrocodone, and gabapentin. The utilization review dated 10/15/2014 non-certified a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT)

Decision rationale: The MTUS guidelines state that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. In addition, it is stated that "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening." Official Disability Guideline (ODG) further clarifies frequency of urine drug screening: "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter; "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; and "high risk" of adverse outcomes may require testing as often as once per month. Since July 2014, he had had two urine drug screens which were consistent with medications he is currently prescribed. Earlier this year, he did have two other urine drug screens which were inconsistent. However, there is insufficient documentation provided to suggest issues of abuse, misuse, or addiction, since the final two were consistent. As such, the current request for urinalysis drug screening is not medically necessary.