

Case Number:	CM14-0190940		
Date Assigned:	11/24/2014	Date of Injury:	03/20/2007
Decision Date:	01/09/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family medicine and is licensed to practice in Ohio. 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 is a 50 year old male who suffered a work related injury on 03/20/2014. A Magnetic Resonance Imaging done on 10/21/2014 revealed spondylosis/disc degeneration, primarily Lumbar 4-5 and Lumbar 5-Sacral 1 with multilevel spondylolisthesis, Lumbar 4 pars defect with flattening of Lumbar 4 nerve roots and displacement of right Lumbar nerve root. He has history of status post right shoulder subacromial decompression, AC joint resection and debridement of a labral tear, cervical disc degeneration with moderate spinal stenosis, probable right sided Lumbar 5-Sacral 1 radiculopathy, hypertension and chronic low back pain with a history of left sciatica and current right sided sciatica. A physician progress note dated 11/04/2014 documents the injured worker has persistent low back pain radiating down the right leg to the top of the right foot, and numbness and tingling over the right dorsal foot. At times he has severe pain with ambulation. Norco has been helpful with his pain, and he follows a home exercise program. The injured worker continues to work. The treatment request is for Norco 10/325mg, # 60, urine drug screen x 4 per year, and a follow up appointment. Utilization Review dated 11/13/2014, approved Norco 10/325mg # 60, a follow appointment, and Urine Drug Screen x 4 per year has been modified to x one. California MTUS Chronic Pain Medical Treatment Guidelines would support random screening for opioids and illegal drugs in the urine, and reasonable frequency would be up to 3-4 times a year unless aberrant drug taking and drug seeking behaviors manifests. The request for Urine Drug Screen x 4 per year is modified due to insufficient documentation of risk stratifications, and the request for 4 times a year is not clear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen x 4 per year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines: use of Urine Drug Testing <http://www.odg-twc.com>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioids, tools for risk stratification & monitoring and Urine Drug Testing.

Decision rationale: Urine drug testing 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. UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Low risk patients have pathology that is identifiable with objective and subjective symptoms to support a diagnosis. There is an absence of psychiatric comorbidity. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients 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 patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. Patients 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. In this instance, there is nothing to indicate that the injured worker is in a category other than low risk. There is no mention of psychiatric pathology, a previously inconsistent urine drug screen, or substance use disorder. Consequently, urine drug screening 4 times in a year for this injured worker is not medically necessary.