

Case Number:	CM14-0192927		
Date Assigned:	11/26/2014	Date of Injury:	09/17/2011
Decision Date:	01/13/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/18/2014

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 Management 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 patient is a 49-year-old female with injury date of 09/17/11. Based on the 10/29/14 progress report, the patient complains of right low back pain radiating to the right buttock. Physical examination to the lumbar spine revealed tenderness to palpation and spasm to the right lumbar paraspinal muscles overlying the L3-S1 facet joints. Range of motion was decreased. Patient has been taking Norco at least from 04/24/14 progress report. Provider states that the patient is up-to-date with pain contract and patient's "previous UDS's were consistent with no aberrant behaviors," per 07/09/14 and 10/29/14 reports. Progress reports do not specify dates of previous UDS's. Diagnosis 10/29/14-Positive diagnostic right sacroiliac joint injection-Right sacroiliac joint pain-Right sacroiliitis-Status post positive fluoroscopically-guided diagnostic right L4-L5 and right L5-S1 facet joint medial branch block.-Right lumbar facet joint pain at L3-S1, 724.2.-Lumbar facet joint arthropathy-Lumbar disc protrusion-Lumbar stenosis-Lumbar degenerative disc diseaseThe request is for retrospective in office 12 panel urine drug screen for DOS 10/29/14. The utilization review determination being challenged is dated 11/11/14. Treatment reports were provided from 04/24/14 to 10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective, In-office 12 panel urine drug screen, for DOS: 10/29/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing

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) chapter, Urine drug testing (UDT)

Decision rationale: Patient presents with right low back pain radiating to the right buttock. The request is for Retrospective, In-office 12 panel urine drug screen, for DOS: 10/29/14. Patient is status post positive fluoroscopically-guided diagnostic right L4-L5 and right L5-S1 facet joint medial branch block. Patient's diagnosis on 10/29/14 included right sacroiliac joint pain, right lumbar facet joint pain at L3-S1, and lumbar degenerative disc disease. Provider states that the patient is up-to-date with pain contract and her "previous UDS's were consistent with no aberrant behaviors," per 07/09/14 and 10/29/14 reports. Progress reports do not specify dates of previous UDS's. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. 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. 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."The provider has not provided reason for the request. Per provider reports dated 07/09/14 and 10/29/14, urine screening showed evidence of compliance, and opioid contract was signed. The patient shows no evidence of drug seeking behavior, and is utilizing her medications appropriately. ODG states that "patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter, and "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." The provider has not indicated patient's risk rating, however, it appears she is "low risk" and urine drug screens are being used excessively. The request is not medically necessary.