

Case Number:	CM14-0199459		
Date Assigned:	12/09/2014	Date of Injury:	11/03/1993
Decision Date:	01/23/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 66 year old female with a work injury dated 11/3/93. The diagnoses include lumbago, sciatica, lumbar post laminectomy syndrome, neuralgia, long Rx use, neuralgia, myofascial pain syndrome. Under consideration are requests for Drug Screen (Date of Service: 10/10/14) quantity: 1. A 10/1/14 progress note states that the patient presents to the office with ongoing lower back pain that lots of times has spasm at her waist down to the top of her buttocks. Patient has had a TENS Unit in the past but it is so old that it does not work any longer. Patient is stable with her current meds schedule. She still suffers from severe Insomnia wants to taper down off of Temazepam because she's read articles were actually promotes Alzheimer's like disease. She would like to have Temazepam to where she can lower the dose down. Increments: Currently takes Temazepam 30 mg every HS. She presented with back pain. In addition, she presented with pain scale of 4/10 this is with medications. Her medications include lactulose, lorazepam, Buspar, Docusate, Temezepam, Soma, Restoril, Avinza. On musculoskeletal exam spine tender at the lumbar spine, facet joints with crepitus, decreased flexion, decreased extension, decreased lateral bending and decreased rotation. There is left palpation tender at joint line, Right palpation tender at joint line. There is left range of motion crepitus, decreased flexion, pain with flexion and decreased extension. There is right range of motion crepitus, decreased flexion, pain with flexion and decreased extension. The treatment plan included a urine drug screen; a refill of medications, and H wave treatment. Urine drug screens were performed on 1/6/14 as well as 5/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug Screen (Date of Service: 10/10/14) quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94; 43, 77; 78; 89; 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Chapter 7, Page 138, urine drug screens

Decision rationale: Drug screen (Date of Service: 10/10/14) quantity: 1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG Guidelines. The MTUS recommends random drug testing, not at office visits or regular intervals, as is occurring in this case. The ODG guidelines state that the frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. 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. 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. The documentation does not reveal evidence of aberrant activity. The many urine drug screens that have been performed were not performed according to the recommendations of the MTUS and other guidelines. The tests performed included many unnecessary tests, as many drugs with no apparent relevance for this patient were assayed. For all of these reasons the request for drug screen (date of service: 10/10/14) quantity: 1 is not medically necessary.