

Case Number:	CM14-0201229		
Date Assigned:	12/11/2014	Date of Injury:	01/08/2014
Decision Date:	01/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/02/2014

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 Practice 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:

The injured worker is a 66-year-old male with a date of injury of January 8, 2014. He was evidently in a forklift which abnormally bounced him to and fro causing injuries to his back and head. His diagnoses include multilevel the degenerative disc disease of the lumbar spine with sciatica and multilevel degenerative disc disease of the cervical spine. He had been maintained from a medication perspective on Naprosyn 500 mg twice daily and had participated in physical therapy. The urine drug screen results from September 3, 2014 and October 7, 2014 were consistent in that no illicit substances were discovered. There is a request for an additional urine drug screen stemming from his appointment on November 5, 2014. It seems that he was started on tramadol 150 mg at this office visit but was not on opioids prior to that. The physical exam has revealed tenderness of the cervical spinal musculature with full active cervical range of motion, tenderness to palpation of the lumbar spine musculature with diminished lumbar range of motion. The straight leg raise testing has been positive on the right. At issue is request for urine drug screen dated November 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter and Neck and Upper Back Chapter

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), 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. A point-of-contact (POC) immunoassay test is recommended prior to initiating chronic opioid therapy. 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. 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, it appears that the injured worker was started on an opioid medication, tramadol, on November 5, 2014. Urine drug testing at the point of opioid initiation is medically appropriate. However, the injured worker did undergo urine drug screening for 2 consecutive months with normal results just prior to the initiation of tramadol. The medical rationale for an additional urine drug test stemming from the November 5, 2014 timeframe is not established. Therefore, an additional urine drug screen was not medically necessary.