MAXIMUS Federal Services

Case Number:	CM14-0204652		
Date Assigned:	12/16/2014	Date of Injury:	05/11/2003
Decision Date:	02/05/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine, 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 an injured worker with a history of multilevel lumbago with left-sided radiculopathy, facet and sacroiliac joint arthropathy, peritrochanteric bursitis, right knee arthropathy, sleep disturbance, and reactive depression and anxiety. Date of injury was May 11, 2003. The primary treating physician's progress report dated October 9, 2014 documented that the patient reported that the pain score was elevated at 7/10. The patient has continued to experience issues in the lumbar spine, including both axial and radicular pain. Conzip had been requested previously. Current medication was Celebrex. Physical examination demonstrated sciatic notch tenderness bilaterally. There was focal tenderness over the facets bilaterally with a positive facet provocation. There was tenderness over the sacroiliac joints. There was limited lumbar motion. There was paraspinous muscle spasm through the lumbar and lower thoracic areas. There was tenderness in the right knee in medial and lateral borders. The patient has some edema and crepitus. Radiofrequency ablation of the facets was recommended. Medications to including Conzip and Celebrex were recommended. Medications prescribed was Celebrex and Tramadol. The urine drug screen test dated September 11, 2014 was positive for Alpha-HydroxyAlprazolam and 9-Carboxy-TetraHydroCannnabinol (THC). The urine drug screen test dated October 9, 2014 was positive for Alpha-HydroxyAlprazolam and 9-Carboxy-TetraHydroCannnabinol (THC).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine drug screen (DOS: 10/9/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation ODG-TWC Pain Procedures Summary last updated 10/30/2014 Urine Drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, criteria for use; Opioids, pain treatment agreement; Opioids, steps to av.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. Medical records document that the patient was prescribed the opioid Tramadol which is a schedule IV controlled substance. MTUS guidelines support the use of urine drug screen for patients prescribed opioids. The urine drug screen test dated September 11, 2014 was positive for Alpha-HydroxyAlprazolam and 9-Carboxy-TetraHydroCannnabinol (THC). The urine drug screen test dated October 9, 2014 was positive for Alpha-HydroxyAlprazolam and 9-Carboxy-TetraHydroCannnabinol (THC). The positive Alpha-HydroxyAlprazolam results suggest Alprazolam use. Alprazolam is schedule IV controlled substance. The positive 9-Carboxy-TetraHydroCannnabinol (THC) result suggests possible use of an illegal drug. The urine drug screen tests were inconsistent and may suggest aberrant behavior. Because the patient has been prescribed DEA controlled medications and the urine drug screen test results were aberrant, the request for urine drug screen is supported by the medical records and MTUS guidelines. Therefore, the request for Retrospective Urine drug screen (DOS: 10/9/2014) is medically necessary.