

Case Number:	CM14-0206452		
Date Assigned:	12/18/2014	Date of Injury:	12/01/2012
Decision Date:	02/11/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab, 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 31 year old male with a work injury dated 12/1/12. The diagnoses include lumbar disk displacement without myelopathy, degeneration of disk stenosis and post-laminectomy syndrome. The patient is status post L3-4 fusion on 7/9/14. Under consideration are requests for four serum drug screens per year. There is a progress note dated 11/6/14 that states that the patient was slowly improving clinically and quite pleased, The patient had low back and left buttock aching and moderate pain, Escalating activities of daily living (ADLs) aggravated the underlying symptoms. Rest improved the symptoms. The patient had muscle spasms in the low back. On examination, inspection, palpation and range of motion of the lumbar spine were not tested due to the recent instrumented fusion performed, The patient's total pain-related Impairment score was 39. The patient was in a high risk category on the basis of the continued requirement of a schedule II opioid (Oxycodone) for post-operative pain and rehabilitation. The patient had an Agreement Regarding Opioid Therapy. The patient met the criteria for continued approval of sustained-release opioid medication for chronic musculoskeletal pain, the treatment plan included Oxycodone, Tizanidine and follow-up with surgeon. The patient was noted to be taking Oxycodone 30 mg 2 tablets every 3 hours quantity: 480 and Tizanidine 4 mg 3 tablets at bedtime quantity: 90. The patient had an intrathecal pump implanted on 10/28/10 for neck pain. (The patient has had a long standing history of football injuries to the neck).

IMR ISSUES, DECISIONS AND RATIONALES

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

Four serum drug screens per year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 10/30/14), Urine drug testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction, Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT).

Decision rationale: Four serum drug screens per year are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends random drug testing, not at office visits or regular intervals. The ODG states 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. 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 documentation does not indicate evidence of high risk adverse behavior therefore the request for four serum drug screens per year are not medically necessary.