

Case Number:	CM14-0207660		
Date Assigned:	12/19/2014	Date of Injury:	09/02/2005
Decision Date:	02/12/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/11/2014

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 New Jersey. 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 worker is a 37 year old male who was injured on 7/12/1977. He was diagnosed with lumbar radiculopathy, lumbar facet joint pain, and lumbar disc degeneration/protrusion. He was treated with medications, injections, lumbar brace, and physical therapy. The worker was followed by his primary treating physician most months, with a urine drug screen test being performed periodically (none provided for review). On 11/14/14, the worker was seen again for a follow-up with his primary treating physician reporting continual low back pain with radiation. He reported taking tramadol and Norco as needed for pain as well as ibuprofen. There was no history of drug abuse, but did drink alcohol occasionally. The provider documented that the worker had a drug contract on file and that the patient's previous urine drug screening was consistent with no aberrant behaviors. Each progress note by this provider previous to this date also included this same report of having the last urine drug screening test without any aberrant behaviors. A urine drug screening test was performed that day. The urine drug screen was later unaccepted by UR based on the lack of evidence of aberrant behavior or tests, and the provider provided more information about the request in a comprehensive medical-legal evaluation report from 12/10/14, which stated that there was an "inconsistent UDS on 5/9/14 and also on 11/18/14 that revealed absence of Hydrocodone.", but provided no explanation to these results and did not provide the drug screening test results in the documents provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen DOS 11/14/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids Page(s): 43; 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, although the provider reported an aberration on prior urine drug tests in his note from 12/10/14, there was no evidence provided that could substantiate this. Also, each progress note, including the one from 12/10/14, stated that there was no aberrant behavior or testing from the previous urine drug screenings. It seems that either this last statement was in error and there was aberrant testing results in the past, however, without any evidence to help back this up, the urine drug screen from 11/14/14 appeared to be medically unnecessary at the time.