

Case Number:	CM15-0004240		
Date Assigned:	01/15/2015	Date of Injury:	04/04/2001
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 62 year old male with an industrial injury dated 04/04/2001. His diagnoses include lumbago, sciatica, lumbar and thoracic radiculitis, long term medication use encounter, osteoarthritis in the lower leg, myofascial pain syndrome/fibromyalgia, and post laminectomy syndrome-lumbar. Recent diagnostic testing has included a previous urine drug screening test on 08/05/2014. He has been treated with Wellbutrin extended release, oxycodone 20mg 2 tablets every 4 hours as needed for pain, and OxyContin extended release 40mg 3 tablets every 8 hours for several months. In a progress note dated 11/21/2014, the treating physician reports continued low back and hip pain with a rating of 2/10 on the visual analog scale, and that the injured worker was still weaning down on his medications. The objective examination revealed an alert and oriented male who was well developed and in acute distress, and multiple areas of tenderness with palpation as well as decreased range of motion in multiple areas. The treating physician is requesting retrospective payment for a urine drug screening which was denied by the utilization review. On 12/23/2014, Utilization Review non-certified a retrospective request for a urine drug screen with a date of service 11/21/2014, noting that the test was performed within the last 90 days without evidence of aberrant or high risk behavior. The ODG was cited. On 01/08/2015, the injured worker submitted an application for IMR for review of retrospective request for a urine drug screen with a date of service 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Drug screen DOS; 11/21/2014 QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Furthermore screening for addiction risk should be performed with questionnaires such as the Cage, Skinner trauma, Opioid Risk Tools, etc. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

Retro: Creatinine (DOS): 11/21/2014 QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and Renal risk, Tylenol and Renal risk, Opioids and renal risk Page(s): 12, 69,83.

Decision rationale: According to the guidelines, those on chronic NSAIDs are greater risk for renal insufficiency. The use of Tylenol has greater risk of liver enzyme elevation. Opioids have the least risk for renal impairment. In this case, the claimant had been on opioids. There is no indication of clinical concern for renal impairment or history of renal disease or hypertension. The routine monitoring of urine creatinine is not performed in those taking opioids. The request above is not medically necessary.