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| Case Number: | CM15-0007019 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 11/24/2003 |
| Decision Date: | 03/19/2015 | UR Denial Date: | 12/29/2014 |
| Priority: | Standard | Application Received: | 01/13/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old male who sustained an industrial injury on 11/24/2003. He continues to complain of low back and bilateral knee pain. Diagnoses include multilevel lumbar disc protrusion status post lumbar fusion, bilateral lower extremity L5 radiculopathy, situational depression, bilateral knee pain with internal disruption; status post left knee arthroscopy and status post right knee arthroscopy. A physician progress report dated 12/09/2014 documents the injured worker he had ongoing painful loss of motion of the lumbar spine. However he demonstrated no significant neurological abnormalities. A physician progress note dated 12/11/2014 documents the injured worker is continuing with his medication weaning process. He is struggling with the decrease in his medication. Treatment has included medications, and physical therapy. The treating physician is requesting a retrospective request for urine drug screening with a date of service of 12/11/2014. On 12/29/2014 Utilization Review non-certified the request for a retrospective request for urine drug screening with a date of service of 12/11/2014, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines-Treatment in Workers Compensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for a urine drug screening with a dos of 12/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), UDT

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: The patient presents with low back pain rated 09/10 without and 04/10 with medication. The request is for RETROSPECTIVE REQUEST FOR A URINE DRUG SCREENING WITH A DOS OF 12/11/2014. The RFA provided is dated 12/11/14. Patient's medications included Norco, Cymbalta, Adderall, Seroquel XR, Wellbutrin, Abilify, BuSpar, and Cardura. Patient's diagnosis included multilevel lumbar disc protrusion status post lumbar fusion and bilateral lower extremity L5 radiculopathy. Patient's work status is unknown. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43: Drug testing: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. According to the progress report dated 12/11/14, random drug screenings were performed on this patient on 03/05/14 and 09/16/14 which were consistent with medications prescribed. CURES reporting was performed every visits and was last performed on 10/15/14 which showed consistency with medication. There was also a signed agreement dated 07/09/09 and was re-reviewed on 09/16/14. Within the same report, it is noted that the patient continues with the weaning process. MTUS allows for drug testing to determine presence of illegal drugs, or when using opioids as a step to avoid misuse/addiction. In this case, there is no evidence of inconsistency that would support the need for frequent testing. Furthermore, there is no documentation of aberrant behavior. It appears that the patient is a minimal risk for medication misuse. Therefore, the request IS NOT medically necessary.